

Housing & Care 21

Housing & Care 21 - Saxon Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 07 September 2017. We gave the provider 24 hours' notice that we would be visiting the service. This was so that we could be sure that staff would be available to support us.

We last carried out a comprehensive inspection of the service on 29 May and 01 June 2015. At that inspection we found that the provider was providing a good service and the service was given a rating of Good in all the questions we asked.

Saxon Court is housing with care scheme which provides housing with personal care support for people living in Saxon Court. Support is provided to people who require it following assessment of their needs and care is provided by a team of staff based within the scheme. At the time of this inspection 33 people were receiving support.

There was a registered manager in post at the time of our inspection. 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 continued to receive a safe, good quality service that met their needs. Everyone spoken with told us that they felt a safe service was being provided. People told us that they were happy with the care provided, felt safe with the staff and generally had the same staff to support them. Staff were aware of their responsibilities in respect of raising any concerns they had and able to use the systems in place to escalate their concerns.

People were supported to receive an effective service because there were sufficient numbers of suitably recruited and trained staff available. People were supported to eat and drink sufficient amounts to remain healthy and to have their personal preferences met.

Systems were in place to keep people safe in emergency situations and to have their medical needs met if needed.

People were supported by staff that were caring, kind, friendly and that helped people to maintain their independence and privacy and dignity.

People's needs were regularly reviewed to ensure the service continued to meet their needs.

Systems were in place to gather the views of people and to ensure that the quality of the service was regularly reviewed and monitored so that people continued to receive a good quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

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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.

This inspection took place on 07 September 2017. The provider was given 24 hours notice because the location provides a domiciliary care service for people in their own homes in Saxon Court and we needed them to ensure people would be aware that we might be visiting them.

The inspection was carried out by one inspector.

As part of our inspection we reviewed records held by CQC which included notifications and other correspondence we received about the service. A notification is information about important events which the registered person is required to send us by law. We looked at information shared with us by local authorities to see if they had any relevant information. The provider also completed a Provider Information Return (PIR) before our inspection and a list of people we could contact. 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 sent out questionnaires to some of the people on the list. We used this information to plan our inspection and ensure that any areas of concern were looked at.

During our inspection we spent time talking to five people, a relative and a friend of two people who lived at the service. We met with the registered manager and spoke with three staff, looked at computer systems in respect to planning of calls and staff training. We reviewed a variety of documents which included the care records of two people to see how their care was provided and three staff files to look at recruitment and training practices. Other records looked at related to the management of the service including complaints and audits carried out to monitor and improve the service provided.

Is the service safe?

Our findings

All the people that used the service and relatives and visitors spoken with told us that people received a safe service. One person told us, "I feel quite safe and happy. The CCTV and staff make me feel safe." Another person said, "I feel safe here." A relative told us that their family member was safe. All the people and relatives who responded to our questionnaires said that people felt safe.

The risk of harm to people was reduced and managed because there were procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with knew the procedures for keeping people safe from abuse and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and to external agencies that they could contact, should they have any concerns about people's safety.

People told us that they felt the staff that supported them had the necessary skills to ensure they received a safe service. People were aware that risk assessments had been carried out and plans were in place to manage the risks. We saw that people had copies of the risk assessments in their flats within the complex. We saw that there were risk assessments in place for a variety of risks including choking and skin damage. Staff spoken with were aware of the risks associated with the care of individuals they supported. The Provider Information Return (PIR) told us that there were security doors that could only be opened with a special fob, key safes were in place where needed and each person's front door was lockable. Our observations reflected this information.

People were protected in emergency situations. People told us that staff responded quickly to the emergency call system in their flats. We saw that people had access to call bells so that they could call for assistance if they needed to as well as wrist and neck pendants to assist them if the call bell was out of reach. During our inspection we saw that staff responded quickly to the call bell when it was activated. Staff told us that there was an on call system and senior members of staff were accessible so that staff could receive advice and guidance if needed. One member of staff told us that the person on call could carry out calls to help the other staff out if they were running late so that people got their calls in time. Staff spoken with were able to explain the actions they would take in the event of an emergency such as fire or someone becoming unwell.

People told us they felt there were sufficient staff available to support them and their calls were on time with the exception of one person who told us and records showed that their calls were not always on time. We brought this to the registered manager's attention who told us they would look into it and address it. The registered manager told that although they had sufficient staff to meet people's needs more staff had been recruited so that people's needs could be met with more consistency. Staff spoken with told us that the recruitment checks required by law were undertaken before they started working. Records looked at showed evidence that the required checks were in place. This showed that the provider ensured that the staff employed were suitable to work with people who required care and support

People that needed help with taking their medicines told us that staff always supported them to take them. Some people were able to manage their own medicines whilst others received support from their relatives. Staff told us that they received training to enable them to administer medicines safely. Records showed that staff competencies were checked on a regular basis. Staff completed the appropriate records to show when people had received support with medicines. Staff told us about people who had to have their medicines locked away due to the risk of them taking too many tablets. Information that we had received before our inspection showed that there had been some errors in the administration of medicines. We saw that the medication administration systems had been improved by having colour coded records according to the type of medicines. For example, medicines in a monitored dosage system were recorded on a medicine administration record (MAR) of one colour, boxed medicines were on a different colour MAR and antibiotics and other short courses were on a different colour MAR. Staff told us that this helped them to be mindful about the different types of medicines to be administered. During our inspection we saw that one person had got more medicines than identified on the records. When we brought this to the registered manager's attention they told us the individual was able to go the doctor by themselves but they would address the issue with the individual straight away.

Is the service effective?

Our findings

People told us the staff that supported them had the training and skills required to understand and meet their needs. One person said, "The staff are good and know what they are doing." Another person told us that new staff often came with other staff to 'learn' how to support people. A relative told us that all the staff were very good.

Although people were happy with the support they received some people commented on the turnover of staff. One person told us, "I have some regular staff but other times there are different staff. Some staff leave and you have to get used to new ones." The senior staff team told us that they tried to ensure that same staff supported people where possible but because of the hours worked by staff this was not always possible. We discussed this with the registered manager who confirmed there had been some staff changes but they had recruited more staff so that they would be in a better position to provide more regular staff to support people.

Staff spoken with told us they had the necessary training to help them to do their job well. We saw that the provider adopted a planned approach to staff training and ensured refresher training was carried out. Staff told us they had an induction into their role. This included a period of shadowing an experienced member of staff. Records looked at indicated that staff had completed or were in the process of completing the care certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff said they had regular one to one sessions and observations of practice to ensure they carried out their roles as required. Records looked at confirmed this. One member of staff told us that the observations were unannounced and they were checked on two or three calls. They told us, "A one to one session always follows an observation so we get feedback." Records confirmed that this was the case. All staff said they felt supported by the management and other senior staff. The information in the Provider Information Return (PIR) reflected our findings.

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 told us they were always asked what help they wanted and given choices. Staff were knowledgeable about the MCA. One staff told us, "The MCA is about ensuring that people are able to make choices for as long as possible. People can make unsafe decisions but if the risks are too high we may have to step in but there would have to be a best interest decision to do this. For example, for some people their medicines have to be locked away." We asked staff what they would do if they felt someone could not make informed decisions about their care. Staff said if they had any concerns about people's ability to give consent to receiving care they would report it to the managers so that they could be assessed involving other professionals and family members.

Where people needed support with preparing food and drink, they told us that staff always supported them in a way that they wanted. One person told us, "Staff ask what I want to eat and would take out food to be defrosted as needed." A member of staff told us that they supported people to choose their meals when they supported them to prepare their shopping lists. We saw that where people had been identified as having problems in swallowing they were supported to have drinks with thickeners and the person confirmed that their drinks were always thickened. We observed one person that was supported to eat their meals and that staff offered them choices.

One person told us the staff would contact the doctor for them if needed. They told us that the doctor always visited them if they were unwell. Staff told us that most people could contact the doctor for themselves, but if needed they would call the doctor on the person's behalf.

Is the service caring?

Our findings

People felt the care they received was of a good standard and felt the staff were caring and respectful. One person told us they felt more comfortable with the older carers but acknowledged that younger people were also needed. The person went on to say, "I wouldn't accept personal care from a male carer though. It's okay if they are giving medicines but not personal care." Staff confirmed that people were given a choice of who supported them. One visitor told us, "Most of the staff are great; the others are new and getting to know things." We saw that some people had sent thank you cards to the service thanking the staff for the kindness they showed.

People and their relatives were involved in discussing and agreeing their care and support needs. People told us that staff did what people wanted them to do. One person told us, "Care is discussed and agreed, I'm happy with the plan." The person also said they had mentioned to the staff about having early calls on two days a week so that they were able to go out. They told us that although they had mentioned this to staff they had not brought it to the registered manager's attention. We raised with the registered manager who told us they would speak with the individual to make arrangements for this to happen.

People's privacy and dignity was respected by staff. One person told us, "They respect my dignity when they are helping me with a shower. They always cover me up and ensure the curtains are drawn although no-one can see into my flat." Another person said, "They never talk about other people so I know they don't talk about me to other people." A relative said, "They are very respectful." Staff told us that privacy and dignity formed part of their core training and records showed that the staff signed confidentiality agreements. Staff said they ensured people's privacy and dignity was maintained, by always involving them in their care, closing doors and windows and making sure people were kept covered up.

People's independence was promoted. People told us that they were encouraged to undertake tasks they were able to do themselves and assisted where they could not do it for themselves. For example, one person told us, "Staff wash my back and legs, I do the rest." We saw that people had access to mobility equipment such as walking frames and wheelchairs. There were passenger lifts to assist people to go to the ground floor to join in with activities if they wanted. Staff said they promoted people's independence by adopting a person centred approach by putting the person first, always asking what the person wanted and how they wanted things done. A member of staff told us, "People's independence is promoted by asking what the person wants, encouraging and supporting people's abilities. For example, encouraging them to wash themselves and preparing their breakfast." This ensured that people's individuality and independence was supported and promoted.

Is the service responsive?

Our findings

People told us they were involved in agreeing and deciding their care needs. One person said, "I have a folder and they did an assessment and care plan. Yes I am involved, as I tell them what I want." Staff told us that they reported to the office if people needed more or less support so that the person could be reassessed and changes made to the care plans. Staff told us that day today changes in people's needs were passed onto staff at shift handovers. One staff member told us, "We regularly read the care plans and risk assessments to ensure we keep up to date with people's needs." . This showed that people felt involved in their care and were confident their needs were being met in a way that suited them.

Everyone we spoke with felt the service met their needs well. We saw that people had access to equipment such as wheelchairs, mobility scooters and hoists where needed. We saw that people's individual dietary needs were met. For example; one person told us that they were supported to eat the meals they liked and another person was supported to eat meals that had been prepared in the way they needed.

We saw that people were able to summon support if they needed it in an emergency situation. During our inspection we had to use the emergency call system to get support for one person and we saw that staff responded quickly and ensured that the person was not injured in any way.

People and relatives told us that they were regularly asked if they were happy with the service they received. One relative said they had received a form recently that they needed to complete, about how things were. Relatives told us that there were regular reviews of care and this gave them an opportunity to give feedback. The registered manager told us that surveys had recently been sent to people and that they used the complaints procedure and care reviews as ways of getting feedback. The registered manager also told us about meetings for people where they were able to raise concerns and find out what developments were taking place. Although some people were not able to get to the meetings they were all given the minutes and there was a monthly newsletter to keep people in touch with what was happening at Saxon Court, which included details on activities available. One person showed us the newsletter and said they would be attending the gentle exercise sessions in the future.

People told us that they knew how to complain about the service if they needed to. One person told us they would speak with someone in the office. They told us, "I have the number if I want to ring them." A relative told us that they had raised a couple of issues and the issues had been resolved. We saw that there was a record of complaints and this included details of the complaint and how it was resolved.

Is the service well-led?

Our findings

At the time of our inspection in 2015 we were told that there was to be a change in the registration of Saxon Court as the two services being run from there had been separated. This change had taken place so that the staff based at Saxon Court were only supporting people that lived in Saxon Court and no longer supporting people in the wider community.

We saw that people living at Saxon Court were able to choose their service provider and some people received support from other providers. One person told us, "I used to have another company to support me but people told me about this provider so I changed and I've been happy ever since."

There was a registered manager in post and a management structure in place to manage the service. The registered manager had informed us of any notifiable incidents so they had fulfilled their legal responsibilities. Staff told us that they felt supported in their roles. One staff told us, "The service is well led; we feel listened to and feel involved on a daily basis." Another staff member told us, "We can ask for training and they [managers] will get it for you. We can discuss with managers if we are not getting on with a service user and we are supported to have a one to one with the person to resolve matters. We have regular supervision and feel listened to." The staff gave an example where a staff suggestion to have different coloured medication records for different types of medicines had been introduced. Staff told us that there was good staff morale, staff worked well as a team and the recent recruitment of more staff would enable the service to be more efficient and provide a consistent service to people. This showed that staff felt listened to and involved in improving the service.

There were systems in place to involve staff and people in the running of the service. For example, there were meetings for staff to discuss issues relating to the care they provided. Meetings were also arranged for people living at Saxon Court to discuss improvements and developments in the service. There were regular surveys for people to give their views about the service and audits were carried out to monitor the quality of the service. Action plans were in place to ensure that the service continued to improve. The management team monitored the service and carried out audits on a 12 weekly cycle to include issues such as medication records, care plan reviews and reviews of daily records. The Provider Information Return (PIR) told us there was an electronic system that collated complaints, safeguarding, incidents, accidents and concerns and systems were in place to ensure lessons were learnt and the learning shared with staff to drive improvement. Discussions with people and staff and our observations showed that the provider strived to continually develop.

We discussed with the registered manager about the times of calls being more closely monitored to ensure that late calls, that is those carried out more than 15 minutes after the planned times, were identified and monitored for any themes and trends. Only one person we spoke with raised any concerns about calls not being at the planned times. We saw that the registered provider also carried out audits to monitor and improve the service.

There was an ongoing refurbishment plan for Saxon Court so that people had more comfortable and

welcoming place to live. Additional activities were being planned to be held in communal areas so that people had opportunities for social interaction. There was a newsletter for people living in Saxon Court so that they were kept informed of what was going on in Saxon Court and the local community. There was an onsite restaurant for people to get a meal. Although these services were not required under the regulated activity of personal care they did contribute to the improved lives of people.

The provider had completed and returned the provider information return as requested and we saw that the information included in it reflected our findings.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.