

## 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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 24 September 2018 and was announced.

Housing and Care 21 – Rohan Gardens is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented or purchased on a shared ownership scheme, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

Housing and Care 21 – Rohan Gardens also provide an on-call emergency service to everyone living in the building under a separate arrangement which people pay for as part of the service charge for the shared premises.

Rohan Gardens has 42 apartments. People living at Rohan Gardens share on-site facilities such as lifts, lounge, restaurant, laundry and a garden. People who need support with personal care are free to choose Rohan Gardens or any other domiciliary care service as their provider. At the time of this inspection, Rohan Gardens supported 24 people with personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last conducted a comprehensive inspection of the service in August 2016, where the service was rated as 'Good' overall, however effective was rated as 'Requires Improvement', because the provider had not met the legal requirements of the Mental Capacity Act 2005. We conducted a focussed inspection in October 2017, to review improvements made by the provider in that area and we rated the service as 'Good' because satisfactory improvements had been made. At this inspection we found the evidence continued to support the rating of 'Good'. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from the risks of abuse because staff received training in safeguarding people and understood their responsibility to report any concerns to senior staff. Most risks to people's health and wellbeing were managed, however some risks had not been fully assessed.

The manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. The provider checked staff were suitable for their role before they started working for the service.

Staff worked within the principles of the MCA and supported people to have maximum choice and control of their lives. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to maintain their health.

People felt well cared for. Staff understood people's needs and interests and supported them to enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their independence.

The provider and the registered manager demonstrated they valued care staff and promoted their learning and development. Staff enjoyed their work and were motivated to provide people with a good standard of care.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. People knew how to complain and had the opportunity to share their views and opinions about the service they received.

People were happy with the quality and leadership of the service. The registered manager was committed to ensuring people received good quality care and shared good practice with staff. There were processes to monitor the quality of the service, however they had not identified some risks were not fully assessed.

## 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 Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Housing & Care 21 - 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 24 September 2018. It was a comprehensive inspection and was announced. This was to ensure the registered manager and staff were available to talk with us when we visited. The inspection was undertaken by one inspector.

Due to limited time scales between scheduling and conducting our inspection visit, the provider had not been asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider was able to tell us the information we would have asked in their PIR, at our inspection visit.

Prior to our visit we reviewed the information we held about the service. We looked at 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. Local authority commissioners did not share any information of concern with us about the service. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

During our visit we spoke with six people who used the service in their own homes, to ask for their views of the service. We also spoke with the registered manager, both care assistant managers, three care workers and a health care professional about the service. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service. Two people told us, "My emergency pendant gives me peace of mind. Staff come in the night when I need them" and "I feel safe with staff, they know what they're doing." The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care to people in their own homes.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior member of staff. A member of care staff explained the provider's safeguarding policy and told us the training they had received supported them with clear guidance. Records showed concerns had been recorded and reported by care staff to senior staff who took action straight away to keep people safe.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. For example, risks to people's mobility and nutrition were assessed and their care plans explained what support they required and the actions care staff should take to minimise risks to people's health and wellbeing. However, we found some identified risks had not been properly assessed on some care plans, for example, catheter care. Care staff were able to explain how they supported people to ensure any risks to their safety were minimised. They told us how the information in people's care plans, combined with their training and support, enabled them to minimise risks to people's individual health and wellbeing. We discussed this with the registered manager and they told us they would review care plans to ensure appropriate risk management plans were in place for all identified risks, to keep people safe.

The registered manager explained how they assessed risks to people by monitoring any accidents or incidents which took place and reviewing the information to identify any patterns. For example, they identified the number of falls had increased for one person. Care staff supported this person to be reviewed by a health professional to ensure risks to the person's safety were reduced. The person obtained specialist equipment, which reduced the number of falls they experienced. The support this person received had a positive impact on their well-being, they told us, "It has helped me getting in and out of bed."

The provider had taken action to minimise risks related to emergencies and unexpected events. People's individual risk assessments included an assessment of risks related to their own homes, such as trip hazards and other environmental risks.

People told us there were enough staff because they received support when they needed it. The registered manager explained visit rotas were worked out to ensure there were enough staff on duty to support people safely. Care staff told us shifts were currently covered by existing staff including assistant care managers, who were sometimes taken away from their office role to cover gaps in the rota. The registered manager told us there were currently vacancies and they were recruiting more staff to cover these. Some people told us they would like a copy of the visit rota so they knew which staff were going to support them and they had

raised this with the registered manager. The registered manager was aware of this issue and had engaged with people to explain the electronic rota system they currently used was not able to produce rotas for people.

People told us they had their medicines when they needed them. Only trained and competent staff administered medicines. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them. MARs were kept in the people's homes so they could be completed each time a medicine was given. Regular checks were made by senior staff to ensure medicines had been administered safely in accordance with people's prescriptions and care plans. Care staff supported people to have their medicines reviewed by their GP if there were any changes in their needs. A member of care staff told us, "We work with GPs to organise regular reviews for people and their medicines."

Everyone we spoke with told us care staff did all they could to prevent and control infection. Care staff told us they received training in infection prevention and control and food hygiene and were provided with the correct personal protective equipment (PPE) such as gloves and aprons. One member of care staff told us, "There are different sizes and styles of gloves, to make sure people aren't allergic." They explained how staff disposed of their personal protective equipment, such as aprons and gloves, to avoid cross infection. People told us care staff always left their premises clean and tidy.



## Is the service effective?

### Our findings

People received the care and support they needed to maintain their health and wellbeing. All staff received an induction, training and support that gave them the skills and confidence to meet people's needs and to promote their welfare. The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care. Care staff explained they were given a booklet at the start of their induction, called a, 'toolkit'. This recorded their progress through their induction and the Care Certificate and contained important information they needed to know. A member of care staff told us, "It's useful, I can look back on it to check my training material."

Care staff said they were introduced to everyone who used the service before they began working with people. Staff told us they felt confident in their skills because they had time to get to know people and had training that was relevant to people's needs. The registered manager and the care assistant managers were supported by the provider to deliver most of the training at the service. Staff were positive about training. One member of care staff told us they had recently requested additional training. They said, "I have been learning about dementia, the training is really good." All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development. One member of care staff told us, "This is a good thing and keeps me on my toes."

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.

We found the registered manager understood their responsibilities under the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or a legal representative, who could support them to make these decisions in their best interest.

There were assessments for some people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. We found the outcome of one assessment was not clear. However, the person's care plan gave guidance to staff about what support they required to make decisions and staff were able to tell us how they supported the person. We discussed this with the registered manager who assured us they would review people's care plans and ensure the outcome of any assessments were recorded accurately.

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. A member of care staff told us, "I am discreet in communal areas. I ask people if they'd like their care call and ask them to return to their flat."

People told us they were able to make their own choices. One person told us, "I make my own choices... Staff do what I ask them, for example they help me order my shopping." A member of care staff said, "Everyone can make their own choices. We assess risk with people, but give them information so they can make their own choice."

Some people received food and drinks prepared by care staff. A member of care staff told us people's care plans included their dietary requirements and any cultural or religious preferences for food. They explained one person had a complex diet and said, "We help them to go shopping and use a dietary sheet." The person confirmed care staff were aware of their needs. They said, "I plan what to eat with the carers and they cook me healthy meals."

Care staff were observant to changes in people's health, appetite and moods. Two people told us, "Staff help me with appointments, they come with me and that helps" and "If I feel ill staff contact the GP for me." People were supported to obtain advice and support from GPs and other healthcare professionals to maintain their health and independence.

## Is the service caring?

### Our findings

People felt staff cared about them and valued them as individuals. People told us, "The staff are helpful and pleasant" and "Staff are very good and caring, nothing seems too much trouble for them." A health care professional we spoke with was positive about staff's caring nature and told us, "Staff are helpful."

All the staff we spoke with enjoyed their work and were motivated to provide people with high standards of care. Care staff told us, "We have a laugh with people and treat them how they should be treated", "We have a good rapport with people and get to know them well" and "I love my job...They're lovely people."

Staff told us they felt valued and supported by the provider and the registered manager to develop within their roles and study for nationally recognised care qualifications. For example, two members of staff were being supported to obtain a national vocational qualification [NVQ] Level 3 in Health and Social Care.

People were able to make their own choices and decisions about how they received their care. The registered manager told us person centred care meant, "To support people as individuals. With care packages tailored to meet individual's needs." A member of care staff described person centred care as, "Taking peoples' choices and values into consideration."

Staff understood the importance of promoting equality and human rights as part of a caring approach. The registered manager told us staff training included 'equality and diversity.' Staff told us they were supported by the provider to work in a caring way, which focussed on treating people with equality, but also in a way that recognised people's diverse needs. A member of care staff explained how they would support people to maintain their individual beliefs, including cultural or religious traditions. They said, "Everyone is an individual and has their own beliefs, for example religious beliefs. I must not push my beliefs onto a customer. It is their own choice." Staff understood some people might need particular support to make them feel equally confident to express themselves.

Staff understood the importance of treating people with dignity and respect. For example, closing curtains and doors during personal care and asking family or visitors to leave the room during care. A member of staff told us, "It is important to maintain people's privacy and dignity."

## Is the service responsive?

### Our findings

People told us they were happy with the care and support staff provided. One person told us, "I think it's great here. I was worried how I was going to cope on my own at home."

People told us they were asked for their views and were fully involved in planning their care and support. People were initially assessed by the registered manager before they used the service. A meeting was held with people and their representatives and they were asked for their views on how they would like to be supported. Senior staff continued to personalise people's care plans after they started to use the service, as they got to know people better. Care plans were easy to understand. They included details of how staff could encourage people to maintain their independence and where possible, make their own choices. People told us they were asked to review their care plan to ensure it continued to meet their needs.

Care staff were encouraged to identify different ways to support people to communicate, which was responsive to their needs. For example, a member of care staff explained how they had identified a computer application which supported one person to communicate better using their computer. When the person used the application they were able to communicate better with the GP, which enhanced their wellbeing. The carer told us, "I was thinking about how we could communicate better and I found an app that can talk for [Name]...There's loads of technology out there that can benefit people."

Care staff explained how they supported another person to use technology, to help them maintain their independence. One person carried an electronic device which sent an alert if they travelled outside a predetermined safe zone. This meant they were supported to maintain their freedom and care staff and relatives supported them to remain safe.

The registered manager confirmed where people needed support to access information in alternative formats, such as documents in a large print, or in braille, these could be supplied by the provider.

People told us care staff organised activities in communal areas of the service, for example, bowling, bingo and film afternoons. One person told us, "I sometimes do bingo and bowling, I like it, but I don't win." A member of care staff said, "Staff get involved in activities. For example, bean bag throwing helps people with poor mobility and allows people to mix together. It's good fun and we are part of the people who live here." Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in their local community. For example, care staff explained how they were supporting one person to organise a holiday. People told us care staff had organised other social events which they had enjoyed, such as a festive party and a trip to the theatre.

The registered manager explained what plans there were in place to support people at the end of their lives. They explained how care staff would be trained and would work alongside other organisations, such as GPs, to provide end of life care to people if required. The registered manager told us they used symbols on people's care plans, which staff were aware of, to represent certain types of health needs. For example, if people were receiving end of life care. The symbols were introduced following comments made by people

that reading certain terminology associated with their care needs, made them upset. The registered manager told us, "People don't like labels. By using symbols, it reduces their feeling of being seen as a label and not as a person." By using the symbol, care plans did not refer to the need specifically, but ensured staff were provided with guidance about how to respond to the person so they supported them effectively.

People told us they felt able to raise any concerns with staff. One person told us, "If I had a complaint I would go and see the manager. They solve my problems, they are very helpful." The provider's complaints policy was accessible to people in their own homes. The registered manager confirmed there had been no complaints made in the last 12 months about care provided by the service, although there had been one complaint made about the quality of the building. They explained this complaint had been resolved in accordance with the provider's policy and to the complainant's satisfaction.

Four compliments had been recorded in the previous 12 months, including one from a relative about the standard of care received. The registered manager explained compliments were shared with staff straight away to recognise good practice.

## Is the service well-led?

### Our findings

People were happy with the quality of the service. One person told us, "I am happy and content with the service and how it is managed." All the staff we spoke with told us they liked working at the service. One member of staff told us, "The provider goes out of their way to help people maintain their independence and gives people a sense of achievement."

Staff understood their roles and responsibilities and felt supported and motivated by the registered manager and the provider. Two members of care staff told us, "A senior member of staff is always there when I need some advice and asks me how I'm getting on. They're a really good bunch of people" and "If we need to know something we can just ask." Staff told us communication was good within the service and they were encouraged to suggest improvements and share information. The registered manager told us, "This is the strongest staff team we've had. We work together as a team to make the service better... We have an open-door policy." They explained there had been a recent staffing restructure where an experienced senior member of staff had left and two new assistant care manager roles had been introduced and recruited to. Care staff told us they were currently adapting to the new structure and helping to support staff in the new roles.

The registered manager was aware of their responsibilities to have oversight of the service. They had provided us with statutory notifications about important events and incidents that occurred at the service. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager told us they kept up to date with best practice by working closely with the local authority and health professionals. They told us they received updates from organisations such as CQC and the provider, which they shared with staff at meetings. The provider had received a Gold Investors in People [IIP] award, which is an internationally recognised accreditation for good people management.

The registered manager valued people's opinions and worked with them to make improvements to the service. They encouraged people to give feedback on how things were managed and to share their experiences of the service by completing surveys. We saw the most recent survey was completed in 2018. The registered manager had published the results, which were mainly positive and had highlighted any areas for improvement. Other feedback was also obtained from people, through chats with senior staff. There were regular meetings for people who used the service, where they could discuss items arising from people's feedback. People told us they found these meetings useful and felt involved in making improvements to the service.

The provider encouraged feedback from staff using a survey which was sent to all the provider's staff, including those from their other services. The results were positive, however they were not broken down to represent this service only. In addition, the provider invited staff to a 'carers forum', where representatives from all the provider's different services were invited to discuss provider related issues. Feedback was shared with staff in a newsletter from the provider and care staff told us this was useful. One member of care staff told us, "We are kept in the loop better. We had advanced warning of the staffing restructure and we were asked for feedback. We felt included."

There were systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans and medicine records by senior staff. Records showed actions were taken to make improvements to the service, following audits. For example, we saw recording errors on MARs were identified and action was taken to make improvements. However, the care plan audit had not identified issues we had found during our visit. For example, some risks to people's safety had not been properly assessed. The registered manager acknowledged this and gave us their assurance the audit would be reviewed and care plans would be updated where required.

The provider completed additional quality assurance checks, to ensure the service was meeting required standards and people who used the service were well cared for. Their findings were fed back to the registered manager and we found required improvements had been made. For example, it had been identified more feedback should be obtained from people who used the service. The registered manager had made improvements and increased the opportunities for people to share their experiences of the service.