Housing & Care 21

Housing & Care 21 - Oak House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 4 February 2015 and was unannounced.

Oak House is a housing with care scheme which provides housing with personal care support including meal preparation and medication administration for older people. Domiciliary care packages are allocated according to people's assessed needs with care provided from a designated team of carers based within the housing scheme for people living within 38 flats. People had their own tenancy agreement for the accommodation they occupied.

There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were safe and protected from the risk of harm as staff understood their roles and responsibilities. Staff had the required knowledge and knew what action to take to protect people from harm and what action to take if they had concerns.

The system in place to guide staff in the handling of medication errors and determining roles and responsibilities, the handling of medication errors and the current system in place for the ordering and obtaining of people's medicines was not clear.

There were enough qualified, skilled and experienced staff to meet people's needs. The manager followed safe recruitment practices.

Staff were provided with regular supervision and appraisals. This meant that they had been provided with opportunities to meet with their manager to discuss their work performance and plan their training and development needs.

People were satisfied with the care provided. Everyone we spoke with expressed their satisfaction with the provider. People told us they were treated with kindness and compassion. They also told us their dignity had been respected when staff supported them with personal care.

The care needs of people had been assessed prior to their moving into the service. Risks to people's health and wellbeing were clearly identified and actions in place to minimise these.

People were knowledgeable of the provider's system for receiving and responding to complaints. All complaints received had been responded to within timescales which was in accordance with the provider's policy.

Staff were supported by the manager who they described an open, friendly, caring culture where they were able to raise any issues or concerns that they had.

The monitoring of the quality and safety of the service was integral to the provider's approach and they were aware of the potential risks. The provider's quality assurance system ensured planning for continuous improvement 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?

Requires Improvement

The service was not always safe.

The provider's medication policy did not describe the current practice in the handling of medication errors and roles and responsibilities for the ordering and obtaining of people's medicines.

There were processes in place to ensure that people were protected from the risk of abuse and staff were trained in awareness of action to take if they had concerns about the safety of people.

Staff received regular opportunities for supervision and annual appraisals with their manager. This supported staff with opportunities to have their training and development needs discussed and planned for.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and support to provide them with the knowledge they needed to meet the needs of people living at the service.

People had been involved in the planning and review of their care. They were asked their preferences and choices. Staff supported people to maintain their independence.

Is the service caring?

Good

The service was caring.

People were positive about the care they received. Staff supported people in a manner that was kind and supportive of their privacy and dignity.

Care plans described for staff how best to support people in promoting their dignity and independence. Staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

Is the service responsive?

Good

The service was responsive because it had addressed people's individual needs and preferences in planning their care.

People were involved in making decisions about their support. Information was provided about the service and care plans were kept in people's flats. This meant that people knew what to expect in terms of their support visits.

People were confident to raise concerns with the management and the staff if they had any. People's complaints were dealt with appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and transparent. Staff morale was good. Staff were supported by the registered manager and described an open, friendly, caring culture where they were able to raise any issues or concerns that they had.

People told us they received a good service and were confident in the management of the service.

The quality and safety of the service was monitored regularly. Learning from incidents, accidents and complaints took place with action plans produced in planning for improvement of the service.

Housing & Care 21 - Oak House

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 4 February 2015 and was unannounced.

The inspection team consisted of two inspectors 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 by experience had previous experience of caring for older people living with dementia.

On the day we visited the service, we spoke with 7 people living at Oak House, four relatives, five care staff, the registered manager, services team leader and the care coordinator.

We observed how care and support was provided to people throughout the day. This included observation of the midday meal within the communal dining room using the short observational framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records, three staff recruitment records, staffing rotas and other records relating to how the service monitored staff levels including the quality and safety of the service. The methods that were used, were talking to people using the service, their relatives and friends or other visitors, interviewing staff, SOFI, observation, reviews of records.

Requires Improvement

Is the service safe?

Our findings

A senior carer on duty told us they were involved in monthly audits of people's medicines for quality assurance purposes. Audits were used to identify the omission of staff signatures within administration records, and ensure the correct administration codes were used. However it failed to identify other medication errors related to stock control. This meant that we could not be assured that people were receiving their medicines as prescribed. We advised the registered manager how audits could be made more robust to avoid and identify further medication errors.

We were unable to conduct an audit of medicines which considered medication administration records against medicines available for administration. This was because although staff recorded the medication prescribed, quantity and dose, there was no record of the stock of medicines received or stock carried forward from one month cycle to the next.

We looked at how information in medication administration records and care notes supported the safe handling of people's medicines. People had their medicines stored securely in their flats. Where staff were responsible for the administration of people's medicines this had been recorded within their plan of care. This included an assessment of risk with guidance provided for staff and with actions to reduce any risk identified.

The provider's medication policy was not clear in relation to the handling of medication errors and roles and responsibilities for the ordering and obtaining of people's medicines. The provider's policy also stated that a record should be made of the reasons that medication had been prescribed. However this was not reflected in what we observed to be current practice. We were therefore unable to determine the provider's intention in relation to these areas of medicine management. We recommend that the service take action to update their policy and practice accordingly.

All of the people we spoke with told us that they felt safe living at Oak House. One person said, "I feel safe here. Moving here was the best thing I could have done. I am at peace." Another said, "I had falls at home and life was difficult but here I am safe. The carers are all wonderful and I have no worries about any of them." Relatives told us, "The carers are excellent. Staff appear to be well trained and we are relieved that [relative] is safe and well looked after. What more could we ask for."

Staff we spoke with demonstrated a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff had been provided with training in the safeguarding of adults from abuse. This demonstrated that staff had the knowledge to protect people from avoidable harm and abuse.

Risks to people's safety had been assessed. Risk assessments had been personalised to each individual and covered areas such as moving and handling, management of their medicines as well as the assessment of environmental risks to prevent falls.

People told us there were enough staff to meet their personal care needs. One person told us, "If I ring my buzzer they are here as fast as they can."

The registered manager described how staffing levels were adjusted according to people's changing needs. They were able to describe to us how this was kept under review and the resources available adjusted to ensure adequate numbers of staff were always available.

All staff we spoke with said that there were sufficient numbers of staff deployed throughout the day and night to meet the needs of the people who used the service. One staff member told us, "If we are short of staff due to sickness then the management work alongside us and help out."

We looked at the staff recruitment records for three people appointed within the last 12 months. Recruitment records showed that the provider had carried out a number of checks on staff before they were employed. These included checking their identification, health, conduct during previous employment and that they were safe to work with older adults. However, for one member of staff there was no evidence that references had been obtained prior to their employment. We discussed this with the registered manager who was unable to confirm that references had been requested and received for this staff member. Therefore the provider could not be assured that they had sufficient evidence to judge that this staff member was of good character.

Good

Is the service effective?

Our findings

People told us they were satisfied with the care and support they received. On person told us, "My general health has improved since I came here." A relative told us, "The carers are sensitive and friendly and treat people as individuals. They are never too busy to stop and chat to [my relative].

People and staff told us that the use of temporary staff was rare as staff absences were adequately managed from within the staff team. This meant that people could be confident that they would receive consistency of care and be supported by staff who were aware of their needs.

Staff were knowledgeable about the people they supported. They told us that they had received regular supervision, annual appraisals and enough training to enable them to do their job effectively. Training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed. However, staff had not received training with regards to the Mental Capacity Act 2005 (MCA). This meant that staff may not have the required knowledge to identify when a referral to the safeguarding authority was required to ensure that best interest assessments were carried out as is required by law. The registered manager told us that the provider was currently planning to provide training to all staff throughout the organisation in MCA 2005 and related Deprivation of Liberty Safeguards.

Newly appointed staff described to us their induction training provided at the start of their employment. One member of staff told us, "The training is very good, we were all encouraged to discuss things and ask questions." Another said, "We worked alongside other staff shadowing them to get to know the tenants and their needs." However, one member of staff had undergone a medication competency assessment and this and their competency assessment signed by their mentor, described them as competent to administer all medication. It was however evident that their assessment only covered the administration of eye drops and they had not been assessed for administration of other medicines. We discussed this with the registered manager who immediately arranged for this person to be re-assessed in accordance with their full competency assessment criteria.

The service provided on-site catering facilities for people to access a variety of hot meals with support from staff in the communal dining room. Other people received support from care staff with food preparation and the heating up of pre-packed meals within their flats. Where the service provided support for people at mealtimes this was recorded within people's care plans.

Most people were able to manage their healthcare independently or with support from their relatives. Staff recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing. People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP's, community nurses and occupational therapists. One relative told us, "It is reassuring to know that staff will notice if [my relative] becomes unwell they will get the help [my relative] needs."

Good

Is the service caring?

Our findings

People told us that staff respected their dignity when providing them with personal care support. One person told us, “They always make sure the door is closed and promote my dignity when supporting me with a bath.” Another said, “They pull the curtain when they help me to protect my privacy which I appreciate.”

Staff were knowledgeable about the people they cared for and spoke with passion about the people they supported. People told us they had been fully involved in making decisions in the planning of their care. They said they had been given information about the service and knew what to expect in terms of their support visits from care staff. They also told us that they were given the opportunity to regularly review their plan of care and had been involved in updating any changes necessary. One person told us, “They do try to make sure the timing of your call is to your choosing but there are a lot of people here to care for, but they do their best.” Another said, “I have a copy of my care plan and I have been asked if I agree to what has been written.”

Relatives told us that they had observed staff to be kind and caring in their approach to their relative. They told us that the privacy and dignity of their relative had been maintained. Comments included, ‘The staff are always so discreet and treat people with dignity. They always knock on the door before entering. They are always so caring, [my relative] would soon tell me if they were not. I have always observed them [care staff] to be kind in their approach.”

We spent time observing interactions between staff and people who used the service within the communal areas. We saw that staff were respectful and spoke to people in a kind manner. For example, we saw that when staff supported people to and from the dining room in wheelchairs they did so in an un-hurried manner and chatted to people in a friendly manner as they walked

along the corridors and when supporting people to their seats in the dining room. Where people required support to eat their meals, staff sat at eye level with the person and interacted positively. This meant that the dining experience for the person was a positive one.

Care plans described for staff how best to support people in promoting their dignity and independence. Staff were provided with guidance in how to support people in a kind and sensitive manner for example, when responding to people who were anxious or presented with distressed behaviour in reaction to situations. We were therefore assured that staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

Good

Is the service responsive?

Our findings

People received their support from regular care workers. They told us that when new staff had been employed to work in the service they had been introduced to them before they provided their care. They also told us that staff responded to their changing needs and if they needed support in an emergency. One person said, "You can ring out at night and they come fairly quickly."

We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they were involved in the planning and review of their care. People gave us examples of when adjustments had been made to the timing of their support visits in response to hospital appointments and when they were unwell.

Staff were knowledgeable of people's needs and had detailed knowledge about each person. They described how they tried to ensure that people remained in control as far as possible and described how they supported people to express their choice and maintain their independence by encouraging them to do as much as they could for themselves with staff support. For example, one staff member told us, "You have to assume that people can make their own decisions until proven otherwise and always give people choice. We know their capabilities but try to let them maintain their independence as much as possible." This demonstrated that people were receiving care and support when they need it whilst maintaining their autonomy and choice.

Staff told us how arrangements were made to ensure that people's needs were met when they moved between the housing with care scheme and hospital. For example, by providing the hospital with a copy of a person's care plan and any background information useful to support the individual. If the person's needs had changed whilst in hospital a reassessment of their needs took

place to ensure that the support provided from the service was appropriate and reflected the current care needs of the individual. This meant that people received effective and coordinated care when they returned home from hospital.

The manager told us they had an open door policy whereby people could access them easily. People told us they had confidence in the management to deal with any concerns they night have. One person said, "If I have a problem I go and speak with the manager." Staff described to us how they would support people to raise any concerns and access the provider's formal complaints procedure.

There was a formal system in place for responding to complaints. Information which guided people as to this process was provided on the notice board in the main entrance to the service as well as handbooks issued to people at the start of their care service. We reviewed the complaints that had been received by the service within the last 12 months. Records evidenced a clear audit trail describing the dates complaints had been received, the timescales and action taken by the provider in response and the investigations completed. People we spoke with told us they had always received a prompt response to any complaints. This demonstrated that the service was open and responsive to people's concerns.

Good

Is the service well-led?

Our findings

People received support from a service that was well led. People told us, “The manager is busy but always on the case if you have a problem.” Another said, “They are always about and ask you how you are. If I have a problem they sort it out for you.”

Relatives we spoke with told us, “The new manager is caring and very much on the ball.” Another said, “Overall the management is very good and we would not hesitate to speak with the manager if we were concerned.”

Staff told us that they were supported by the registered manager and described to us an open, friendly, caring culture where they were able to raise any issues or concerns that they had. They also told us that staff morale was good and that they enjoyed working at the service. Comments included, “It’s a good place to work.” and “We have plenty of training and there is always support when you need it.” Staff described the manager as “supportive”, “friendly” and “approachable.” One staff member told us, “The management team is now strong. We always get back up when we need it.” Another said, “It is very easy to talk to the manager and they resolve any type of problem we find.”

Staff were provided with regular supervision and appraisals. This meant that they had been provided with opportunities to meet with their manager to discuss their work performance and plan their training and development needs.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager carried out spot checks to review the quality of the service. This included arriving at times when the staff were there to observe the standard of care provided and speaking to people to obtain their feedback. The spot checks included a review of care records kept in the person’s flat.

The quality and safety of the service was monitored regularly. The registered manager described the system in place to record incidents and accidents when they occurred. The reports of such events were passed to the provider who carried out an analysis which would identify any emerging trends and areas of risk. In response to this information action plans were developed which described the action to remove the likelihood of such incidents re-occurring. Learning from incidents, accidents and complaints took place with action plans produced in planning for improvement of the service.

In response to feedback from staff and people who used the service the manager had recently implemented an out of hours on call duty system whereby senior staff took it in turns to be available for contact by staff. Staff told us this gave them reassurance and confidence that there was always someone to contact in the event of an emergency.