

# One Housing Group Limited

# Roden 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 inspection took place on 23 April 2018 and was announced. We gave the provider two days' notice that we would be visiting their head office as we wanted to make sure they were available on the day of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Roden Court provides care and support 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, 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 looked at people's personal care and support service. There are 40 flats available for rent. On the day of the inspection there were 23 people receiving personal care.

People told us they liked the staff and felt safe with them.

Staff knew how to recognise and report abuse and understood their responsibilities in keeping people safe. Staff understood that people were at risk of discrimination and knew people must be treated with respect. Staff understood there were laws to protect people from discrimination.

Where risks to people's safety had been identified ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely.

The service was following appropriate recruitment procedures to make sure only suitable staff were employed.

Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines.

Staff were provided with the training they required in order to support people safely and effectively.

Staff offered choices to people as they were supporting them and people were involved in making decisions about their care. People confirmed they were involved as much as they wanted to be in the planning of their care and support.

Care plans included the views of people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and

systems in the service supported this practice.

The management and staff responded quickly and appropriately to any changes in people's needs and care plans reflected people's needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

People who used the service and the staff said they felt the service was well run but also felt that communication from the management team could be improved.

## 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 continued to be safe.

### Is the service effective?

Good ●

The service continued to be effective.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Good ●

The service continued to be well-led.

# Roden Court

## 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 checked 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.

The inspection took place on 23 April 2018 and was announced. The provider was given 48 hours' notice because the location provides personal care to people in their own flats and we needed to be sure someone was in.

The inspection was carried out by 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.

Before the inspection, we reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. A notification is information about important events which the service is required to send us by law.

We spoke with eight people who use the service, five care staff, the deputy manager, the registered manager and the area manager. We looked at six people's care and support plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including five staff files, health and safety documents, quality audits and surveys.

We spoke with a social care professional who had regular contact with the service.

# Is the service safe?

## Our findings

People told us they trusted the staff and felt safe with them. One person told us, "Yes I trust the staff." Staff knew how to recognise potential abuse and told us they would always report any concerns they had to the registered manager. They knew they could raise any concerns with other organisations including the police, the local authority and the CQC. A staff member told us, "If manager did nothing I would speak to the local authority."

The registered manager explained how lessons had been learnt from past safeguarding issues and when things had gone wrong. These included changes to systems, policies and procedures as well as improving staff training.

Potential risks to people in relation to their everyday care, treatment and support were recorded in their care plans and included risks identified in relation to diabetes management and falls prevention. There was information for staff on how these risks should be mitigated. For example, there was information in care plans regarding what staff should look out for that may indicate a person with diabetes was becoming unwell.

Care hours were individually allocated and recorded in people's care plans. People's weekly routines were detailed and included the number of staff required for each task. Everyone lived in the same block of flats and staff were provided 24 hours a day and allocated to individuals at set times.

People told us that staff attended to them for the correct number of hours that were allocated. However, people did tell us that staff could be late sometimes. One person told us, "Sometimes they are late by an hour or so. Only some of them let me know they are running late." Another person commented, "In the majority of cases they call me if they are running late but I am relaxed about it." Another person told us, "I am out all the time so I don't know what time they arrive. But I can see that they have been."

Staff told us they sometimes felt understaffed. One staff member said, "Sometimes we're a bit short. If someone calls in sick the team leader will try and get someone in. It is not frequent but it does happen. One of the managers might cover the shift." Another staff member told us, "In the morning we have to do personal care and we have so many people. People have to wait and they start calling."

Despite these concerns the registered manager showed us records that staff stayed the allocated time and were mostly on time. The registered manager told us they would continue to monitor staff lateness. Despite these issues people were positive about the staff team. One person we spoke with told us, "I have lived here for two years and the staff are good."

Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines. We checked accurate and complete records in relation to the receipt, storage, administration and disposal of medicines at the service.

We looked at staff files to see if the provider was continuing to follow appropriate recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.

Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment such as disposable gloves and aprons when required.

## Is the service effective?

### Our findings

People were referred to the service from local commissioning teams who had assessed people's needs and requirements. We saw that the registered manager met with the person and their representative to help plan their care. Care plans were focussed on the person, their individual needs and preferences.

Staff told us about their induction process which involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own. One staff member said, "They gave me a three-day induction. There were lots of policies to read. Within a month I had manual handling, medication, safeguarding training. I shadowed for maybe two days."

Staff were provided with the training they needed to support people effectively. One staff member told us, "We get lots of training. I've had medication, COSHH and food hygiene." Another staff member commented, "We do get training. You do get a lot. Different people come in and do training." A person using the service commented, "I get on with them. I know they have training sessions. I have a key worker too and she is nice."

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. Staff told us they discussed their training needs and any changes in the care needs of the people they supported. One staff member told us, "I do get supervision every three months. We discuss safeguarding about the customers, any complaints and where to go on how to whistle-blow. We do have an appraisal."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty. We checked whether the service was working within the principles of the MCA.

Staff understood what this legislation meant for people who lacked capacity to make decisions. One staff member told us, "You can't presume someone can't make decisions. You have to give power to empower people to make decisions."

People told us that staff asked for their permission before carrying out any required tasks for them. Support plans reminded staff they must always seek the person's consent before providing any care and support.

The registered manager told us, and records confirmed that people who currently used the service were able to make day to day decisions about their care. Staff gave us examples of how they offered people choices in relation to their care which included what people wanted to wear and what people wanted to eat



that day.

People who required help with eating and drinking told us they were happy with how staff supported them. Support plans detailed people's individual nutritional requirements as well as any potential risks. Staff had undertaken food hygiene training and gave us examples of how they made sure people's meals reflected their cultural preferences and religious observations. One staff member told us, "If customers are Muslim we always make sure they have Halal meat."

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.

The registered manager told us extra staff time would be allocated if people needed to attend GP or hospital appointments. One person we spoke with told us, "They have come with me to my hospital visits."

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

## Is the service caring?

### Our findings

People told us the staff knew them and they were treated with respect and kindness. When we asked one person about this they told us, "Yes, full marks." We observed staff and the people they supported interacting in a friendly and relaxed manner.

Most people confirmed they were involved as much as they wanted to be in the planning of their care and support. Some people could not remember if they had been involved but did not have any concerns about this. One person told us, "I did read it a long time ago. No review as far as I am aware. If they have done it, it has not registered with me."

People told us that staff listened to them and respected their choices and decisions. A staff member told us, "They have choices as they have support plans that has agreed things like washing certain days or going out in the community. At breakfast will ask what they want." Care plans we looked at had been signed by the person or their representative to indicate they agreed with the way they wanted to be supported.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes, dislikes and life history. This matched the information we saw in people's support plans. A staff member told us, "It's good. I quite like the client group. They keep you on your toes."

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Staff gave us examples of how they valued and celebrated people's differences. We talked to the staff team regarding how they would support Lesbian, Gay, Bisexual and Transgender (LGBT) people using the service. One staff member said, "In this world you can't treat people different." Another staff member commented, "That person would have their own support needs and you would work with them. Their sexuality wouldn't make a difference to me."

People confirmed they were treated with respect and their privacy was maintained and staff gave examples of how they maintained people's dignity and privacy. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity. One staff member told us, "I ring the doorbell and ask to come in and I wait for an answer. I respect their surroundings. I wouldn't want someone to come into my house and disrespect it."

## Is the service responsive?

### Our findings

People told us the registered manager and staff responded to any changes in their needs and that staff were flexible.

Each person had a care plan that was designed to meet their identified needs. These plans reflected how people were supported to receive care in accordance with their needs and preferences.

We checked the care records for six people. We saw people had been involved in their care planning where possible and they told us they were included in reviewing their needs on a regular basis. We noted that some plans contained slightly conflicting information about people's care needs.

We were informed that there was a new care planning system being introduced which had experienced some teething problems. We were assured that all staff were following the original 'simple care plan' document until the problems had been sorted out.

We saw from people's care records and by talking with staff that any changes to people's health conditions were noted by staff and reported to the management so they could take the required actions. A staff member commented, "I think the care plan are more updated and more detailed then before."

Some people's support needs included help with accessing the community. We saw that the service provided staff to escort people to their place of worship when this was required. We also saw that regular activities took place in the communal areas of the building. On the day of our inspection an exercise class was taking place which had attracted a high number of participants who were clearly enjoying the experience.

People told us they had no current complaints about the service but said they felt able to raise any concerns without worry. One person told us, "I would go to the office. Put it in writing and keep a copy."

The registered manager had dealt with past complaints swiftly and had maintained accurate records of the complaint investigations. We saw that people had received a written apology where mistakes had been made.

The registered manager told us that currently no one using the service required palliative care. However, the service had, in the past, worked with the local palliative care team when a person who used the service was reaching the end of their life. The service had the relevant policies and procedures in order that staff understood this important aspect of care should it be needed.

## Is the service well-led?

### Our findings

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 and associated Regulations about how the service is run.

Not everyone we spoke with was clear who the new registered manager was however, everyone told us someone in the management team who they would go to if they had any problems or issues with the service.

People using the service were generally positive about the way the service was run and told us they were regularly consulted by management. One person commented, "Reasonably so. A few bits could be better organised" Another person commented, "Sometimes they do ask for feedback."

Staff said they enjoyed working at Roden Court and one staff member said, "I love my job. I like looking after elderly people. I focus on the good days. I'm dedicated to my job." However, there were mixed views about the support staff received from the management team. Staff views about this included, "[The registered manager] likes us to do everything to make customer's happy. If she sees we need support she will help us. She is a good manager", "I would like [the registered manager] to be more approachable" and "Staff meetings are ok. We are given an opportunity to raise any issues. We talk about if we are struggling."

We asked the registered manager how the vision and values were embedded into the service provision. They told us that this started with recruitment and continued through induction, supervisions, appraisals and team meetings. Staff understood the vision and values of the organisation and told us these were promoted and upheld by the registered manager and management of the service.

We saw that people's individual methods of communication were detailed in their support plan and known to staff. This meant that people were not disadvantaged if they had different communication needs.

There were systems in place to monitor the safety and quality of the service provided. These included staff and customer surveys, spot checks on staff and regular quality audits. There was a continuous service improvement plan that contained the results of all the various quality assurance systems. This enabled the registered manager to have an overview of everyone's feedback about service improvements. We saw completed surveys that showed people were satisfied with the service.

The management of the service kept records of all incidents, complaints, survey responses and issues discussed at team meetings in order to look for trends in service provision.

The area manager gave us examples of how the organisation worked with other services and the social care professional we contacted confirmed that the service had a professional approach and worked well with them.

