

## Rapport Housing and Care

# Caring Companions at Watling 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

Caring Companions at Watling Court is an extra care housing scheme providing support to people living in their own flats across three sites. Caring Companions provides care and support to 36 flats at Watling Court, 26 flats at Rosewell House and 12 Flats at Lawson House. At the time of this inspection, 67 people were being supported with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

There were sufficient staff available to support people's needs; however, people told us staff punctuality could be better. The provider followed appropriate recruitment practices and staff were checked before they began working at the service.

People told us they felt safe and had not experienced any abuse, neglect or discrimination. People were protected from the risk of avoidable harm because risks to people had been identified, assessed and had appropriate risk management plans in place. People's medicines were safely managed. People were protected from the risk of infections. Lessons were learnt from accidents and incidents and management plans were put in place to prevent any repeat occurrences.

Before people began using the service, their needs were assessed to ensure they would be met. Staff were supported through induction, training and supervision to ensure they had the knowledge and skills to support people safely. People were supported to eat and drink sufficient amounts for their health and wellbeing. People had access to healthcare services and the staff worked in partnership with health and social care professionals to plan and deliver an effective service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff that were kind and caring. People were involved in making decisions about their care and support needs and had choice and control over their lives. People's privacy and dignity was respected, and their independence promoted.

People told us the care and support in place was meeting their needs and if they were unhappy they knew how to make a complaint. People's communication needs had been assessed and met. The service had systems in place to assess and monitor the quality and safety of the service and to continuously learn to drive improvements. The service worked in partnership with key organisations to plan and deliver an effective service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Caring Companions at Watling Court

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

This service 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 bought or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present at this inspection as they were in the process of resigning from their post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted health and social care professionals for feedback about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with six people who used the service about their experience of the care and support provided. We spoke with five members of staff including the nominated individual, a service manager and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care and medicines records. We looked at three staff files in relation to recruitment and supervision. We also reviewed records used in the management of the service including policies and procedures, complaint logs, surveys, accident and incident records and minutes of meetings.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received feedback from three health and social care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There was enough staff to support people's needs. However, we heard mixed views about people being allocated regular staff and also about staff punctuality. For example, one person said, "I have the same carers [staff], they arrive on time; spot on, they stay for the full time and as long as they are needed, and they always turn up." Whilst another person said, "They don't always arrive on time, it doesn't have a great impact on me, but it is annoying having to wait about as it stops me from doing things."
- The manager informed us there had been a recent organisational restructure and a change to working conditions to improve on the service delivery. They said staffing levels were planned based on individual needs and the level of support people required.
- Staff told us there were enough staff on each shift to support people's needs. They said they arrive on time as people they support were all living in the same building and no travel time was required.
- The service supports people between the hours of 6am to 10pm only. In the event of an emergency during out-of-hours, staff from a housing association who are based in the building 24 hours a day would assist them.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and were not discriminated against. One person said, "I feel very safe. If I didn't feel safe, I wouldn't let them in."
- Staff had completed safeguarding training and told us they would report any concerns of abuse to their line manager or supervisor. Staff knew of the provider's whistleblowing policy and told us they would escalate any concerns of poor practice.
- The managers understood their responsibility to protect people they supported from abuse and to report any concerns of abuse or neglect to the local authority safeguarding team and CQC. Since our last inspection in March 2017 there had not been any safeguarding concerns.

### Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Risks to people had been identified, assessed and there were appropriate risk management plans in place.
- Risk assessments covered areas including medicines, personal care, eating and drinking, skin care, falls and risks within people's home environment.
- Where risks to people were identified, for example, with their eating or drinking, appropriate risk management plans were in place which provided guidance to staff on how to prevent the risk of malnutrition or dehydration.
- Staff understood people's needs and the level of support to provide to reduce the risk of avoidable harm.

### Using medicines safely

- Medicines were managed safely. One person said, "They [staff] have a book and they go through it; if I don't remember to take my medicines, they remind me to take it." Another person said, "It's all done properly; staff are very methodical with my medicines."
- Some people and with the support of their relatives managed their own medicines. Where people required staff support, there were systems in place to ensure the safe and proper management of medicines.
- A medicines administration record (MAR) was used to document the support people received. MARs we reviewed were completed correctly and without gaps.
- All staff had completed medicines training and their practices had been assessed. Staff told us their medicines training was robust and they felt confident to support people safely.

### Preventing and controlling infection

- People were protected from the risk of infectious diseases. Except for one person, people told us that staff followed appropriate infection control practices.
- We raised this issue with the manager who informed us various quality monitoring checks were in place and included unannounced checks on staff practices every eight weeks. These checks included hand hygiene practices and the use of personal protective equipment (PPE) and that if any issues were identified they would have been addressed immediately.
- The service had infection control policies and procedures which provided staff guidance. All staff had completed infection control and food hygiene training.
- Staff told us they followed appropriate infection control protocols including the use of PPE and washing of hands to prevent cross contamination and the spread of infectious diseases.

### Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and monitored appropriately to drive improvements. The provider had policies and procedures on reporting and recording accidents and incidents.
- Where required, accidents and incident forms were completed, analysed to identify any trends and appropriate actions taken to maintain people's safety. Any lessons learnt, were shared with staff to improve on the standard of the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before using the service people's needs were assessed to ensure they could be supported.
- People with the support of their relatives or health and social care professionals were involved in these assessments to ensure their needs would be met.
- Assessments covered areas including people's personal care, medicines, communication and mobility. Information acquired at these assessments and additional information from the housing association were used to develop care and risk management plans.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervision. New staff completed an induction programme, including the care certificate standard which is the benchmark set for the induction standard of new care workers.
- Staff were supported through mandatory training, regular supervision and a yearly appraisal in line with the provider's requirements.
- Staff told us they felt supported in their role and were given opportunities to acquire new skills and develop professionally. A staff member commented, "We do too much training because it is assisted living and people require minimum support."
- People told us staff had the required knowledge and skills to support them. One person said, "They [staff] know what they're doing, and I don't have to keep explaining myself."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough for their health and wellbeing.
- Each scheme had a restaurant on-site which was managed by an independent company. The restaurant provided people with lunch. Where required staff supported people for example, to access the restaurant or took their meals to their flats.
- People and their relatives were responsible for providing other meals during the day. Some people could prepare their own meals. However, where people required support, their relatives or staff supported them to purchase or prepare their food.
- Staff knew the level of support people required with their nutritional needs and told us they would report any concerns of malnutrition or dehydration to their managers or health and social care professionals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were responsible for their own healthcare needs and had registered with their own GPs. However, where required staff supported people to book health appointments.
- Care plans included information about people's health conditions, medicines and any known allergies to ensure information was readily available to hospital teams and emergency services where required.
- The service worked in partnership with health and social care professionals and a housing association to ensure people's needs were met. We received positive feedback from a social care professional. They said staff communicate effectively, reported concerns promptly, were responsive to people's needs and were proactive in engaging with adult social services in providing an effective service.

#### Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People told us staff sought their consent before supporting them and they could make their own decisions. One person said, "Staff usually do ask for my consent and they do ask if I need anything else doing."
- The manager said, everyone using the service could make day-to-day decisions for themselves; therefore, they had not been a need to carry out MCA assessments or best interest decisions. However, if they had any concerns regarding a person unable to make a specific decision for themselves, they would apply the principles of MCA carry out a mental capacity assessment and best interest decisions.
- Staff said they always sought people's consent before supporting them. A staff member told us, "The first thing is to say hello to people and ask them what support they need."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff that were kind and caring. One person said, "[Staff] are very nice to me and they are very nice people." Another person said, "I am treated well by the [staff], they say I look good for my age; they ask about me."
- People's life histories, preferences, likes and dislikes was included in their care plans to help staff develop a relationship with them and to provide care and support that met their needs.
- When speaking with us we noted that staff referred to people respectfully by calling their preferred names or titles.
- Both staff and management teams understood the importance of the Equality Act. Care plans contained information about people's ethnicity, religion, sexuality and cultural backgrounds to help staff support them appropriately. However, staff said no one currently using the service required any support with diverse needs. All staff had completed equality and diversity training and told us of the support they would provide should the need arise.

Supporting people to express their views and be involved in making decisions about their care

- People had been consulted about their support needs and were involved in making decisions about the level of support required and the time the service should be delivered. Records showed people were involved in developing their care plans and had signed to confirm this.
- People were provided with choice and their choices were respected. One person told us, "Aside from food, they [staff] give me a choice as to anything I want doing." Another person said, "They [staff] offer a choice of meals. They ask me if I want a wash or a shower."
- People were provided with information, including a service user guide so they could make informed decisions for themselves. The service user guide also provided people with information about the level of support they should expect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People confirmed their privacy and dignity was respected and they were not discriminated against in anyway.
- Staff told us they promoted privacy and dignity when supporting people. They said they knock on people's doors and announce their presence, they ask for consent before supporting people, they cover people with towels when providing personal care and they shut doors and closed curtains.
- Staff knew the importance of keeping information confidential. Care records were kept securely in locked cabinets in the provider's office and computers were password protected. A member of staff said, "You don't

discuss anything with anybody else unless they need to know."

- People using the service were independent of their day-to-day activities and could access the local community, prepare their own meals and clean their own flats. However, where people required additional support this was provided.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan in place which provided guidance to staff on how they should be supported. Care plans contained information on people's medical, physical and social care needs; likes and dislikes and the level of support required.
- Staff knew people they supported well, and they told us about the support they provided to ensure their needs were met safely.
- People had choice and control over their lives and staff respected their choices. Some people had their care provided by other agencies, however in the event of an emergency, the service provided the required support to ensure their needs were met safely.
- Daily care notes showed the care and support provided was in line with the care and support planned for with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and met. People told us they received information in formats that met their needs.
- The majority of people received information in the standard format. However, where required people were provided with information in formats such as large prints or verbally. For example, one person's care files and invoice were provided in large print to ensure their communication needs were met.

Improving care quality in response to complaints or concerns

- The service had an effective system in place to handle complaints. People told us they knew how to make a complaint if they were unhappy with the service. Except for one person, people said there had not been a need to make a complaint.
- The service had a complaints policy and procedure which provided information on actions the service would take when a complaint was received including the timescales for responding.
- The service maintained a complaint log and had received two complaints in 2019 which had been dealt with satisfactorily.

End of life care and support

- At the time of this inspection, no one using the service required end of life care and support. The

nominated individual informed us that where required they would work with people, their relatives where applicable and other professionals to ensure people's end of life care needs were met and their wishes respected.

- Staff had completed end of life care training and the service had plans in place to address end of life care needs during assessments or in care plan reviews.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received care and support that was person-centred, which met their needs. People said the management of the service was, "excellent" and "very good."
- The management team empowered people to be in control of their care and support needs. For example, some people were supported by their own care agency but in the event of an emergency, the service was flexible and supported them; appropriate documentation was in place to promote safe care and support. People also chose when and how long each home visit should last and the level of support to be provided.
- The management team understood the importance of the duty of candour. They said, "It is about being honest, transparent, and if we make a mistake it is about owning up to it, apologising and making sure it doesn't happen again, it is about our integrity."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a manager registered with the Care Quality Commission. However, they were not present at this inspection because they were on leave. Prior to our inspection, the registered manager told us they had given their notice to resign from their post and their last day working at the service was the day before our inspection. A new manager was in post and was experienced working in adult social care and managing services; they were in the process of registering with CQC.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and contribution they made to the service.
- The service had an effective monitoring check in place. There were daily, weekly, monthly and quarterly checks carried out by staff and managers. Where issues were identified including areas such as medicines administration, managers provided staff with additional medicines training to ensure people's needs were met safely and to improve on the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's and their relatives' views were sought to improve the quality of the service. People completed surveys every eight weeks and relatives yearly.
- The results of a relatives' survey conducted in 2019 was positive. It showed 93 percent of relatives felt their loved ones were safe, 97 percent felt the service listened to them and responded to concerns and a further

98 percent felt staff were friendly and well-mannered and their loved one's needs were met. Results of a recent resident questionnaire we reviewed were all positive.

- Regular residents' meetings were held to sought people's views about the service. The nominated individual told us the housing association organised these meetings and people were responsible for running it. Where any issues of care and support were raised, appropriate actions were taken to address them promptly.

- Staff views were sought through yearly surveys and team meetings. Staff meetings were held to update staff on best practices and gather their views about the service. Staff said they felt supported in their role and their managers were approachable and open. Staff also said they 'loved' working at the service.

#### Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care.

- The service also worked in partnership with a housing association whose office is based in the same building and liaised with them daily to ensure people's needs were safely met.