Housing & Care 21

Housing & Care 21 - Abbotswood

Inspection report

Abbotswood
Station Road, Rustington
Littlehampton
West Sussex
BN16 3BJ

Tel: 03701924990
Website: www.housingandcare21.co.uk

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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 11 April 2017 and was announced.

Housing & Care 21 Abbotswood is an extra care service consisting of 62 individual apartments within the building. There is an office base and care staff provide people with a range of services including personal care, medicines management, shopping and cleaning services. At the time of our inspection, 50 people were receiving care and support from the provider.

A registered manager was 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.

People felt safe living at Abbotswood. Staff understood how to keep people safe and how to recognise the signs of potential abuse that people might experience. Staff had been trained in safeguarding adults at risk and knew what action to take if they had any concerns about people's welfare. Risks to people were identified, assessed and managed appropriately. Care plans provided staff with guidance on how to support people and mitigate risks. Staffing levels were assessed based on people's needs. People and staff felt there were sufficient staff on duty, both day and night. Safe recruitment practices were in place. Medicines were managed safely.

Staff had completed training in a range of areas considered essential in order to look after people effectively. New staff completed the Care Certificate, a universally recognised qualification. Staff were encouraged to study for additional qualifications such as diplomas in health and social care. Staff had regular supervision meetings with their line managers and attended team meetings. Staff had been trained in mental capacity and worked within the principles of the Mental Capacity Act 2005. However, people lived independently in their own homes and were not subject to the requirements of this legislation. People had access to a range of healthcare professionals and services.

People were cared for by kind and caring staff and spoke positively of the relationships that had developed. People were encouraged to be involved in all aspects of their care and to express their views. They were treated with dignity and respect by staff.

Care plans contained personalised information about people that was responsive to their needs. Information included people's personal histories, likes, dislikes and preferences. Staff confirmed when they had read people's care plans to show they understood how to support people in line with their assessed needs. Activities were organised at the service, but the majority of these were arranged by the housing provider. Staff had plans to organise additional activities. Complaints were managed in line with the provider's policy.

People were involved in all aspects of the service and their feedback was sought through completion of an annual survey, the last one of which was from 2016. Responses were positive. Staff felt supported by management and were asked for their views on their employment through an annual survey. The registered manager valued the work of the care staff. People spoke of the good quality care they received and of the caring staff. A range of systems was in place to measure and monitor the care delivered and the service overall.

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.

Staff were trained to recognise the signs of potential abuse and knew what action to take. People felt safe living at Abbotswood.

Risks to people were identified, assessed and managed appropriately. Guidance in care plans was available to staff on how to mitigate risks.

Staffing levels were sufficient to meet people's needs and safe recruitment practices were in place.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had completed training in a range of areas which supported them to care for people effectively. They had regular supervision meetings and attended staff meetings.

The registered provider was working within the principles of the Mental Capacity Act 2005.

People had access to a range of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

Positive, caring relationships had been developed between people and staff.

People were encouraged to express their views and to be involved in decisions relating to their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans provided care staff with detailed information about people and their support needs.

Activities were generally organised by the housing provider, but staff were planning some additional activities.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People were asked for their views about the service and responses were positive.

Staff felt supported by management and were asked for their feedback by the provider through an annual survey.

A range of systems was in place to measure and monitor the care delivered and the service overall.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 April 2017 and was announced. We gave 48 hours' notice of the inspection because this service provides personal care to people living in their own homes. We needed to be sure that staff would be available at the time of our inspection. One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, two staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with four people who received personal care from the service. We chatted with people in their homes. We spoke with the registered manager, the regional manager, three senior care staff and one care assistant.

This is the first inspection since the service was taken over by a new provider.

Good

Is the service safe?

Our findings

People told us they felt safe living at Abbotswood. One person commented, "I feel safe. It's probably one of the safest places". Closed-circuit television cameras monitored the entrance to Abbotswood and of activity in the car park. Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns about people's welfare. One staff member explained their understanding of safeguarding and added, "If I had any concerns, I would report it straight away". Advice for staff was also accessible on a 'safeguarding wall' in the administration office. In addition, there was a 'missed call flowchart' which advised staff what action should be taken if people did not receive a scheduled call from care staff. Missed calls could put people at risk of neglect.

Risks to people were managed so they were protected and their freedom was supported and respected. People's risks had been identified and assessed appropriately. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risk assessments provided guidance to staff on how to support people safely. We looked at risk assessments within people's care records. Risk assessments were in place for areas such as medication, showering/washing, nutrition, hydration, skin integrity, falls and moving and handling. Each risk assessment highlighted the task, the assistance needed, any personal risk factors, equipment required and hoist information. Risk assessments were reviewed annually, or sooner if the need arose. The level of risk was also assessed – low, medium or high. For example, one person had been assessed as at high risk of isolation and neglect. The assessment stated, 'Staff to report to office if signs of low mood or self-neglect'. Another person had an assistance dog living with them and guidance was provided to staff on how to greet the dog in line with the owner's preferences.

Staffing levels were assessed based on people's care and support needs. Eight care staff were on duty in the morning, two in the afternoon and four in the early evening. At night, one member of care staff was on waking night duty between 10pm and 7am. We looked at staffing rotas for a period of two weeks and these confirmed the number of staff on duty were consistent at these times. The registered manager told us that hoists in use were designed to be used by one member of care staff, ensuring that people were hoisted safely at night when one member of staff was on duty. In addition, some staff were 'on call' and could be contacted easily if additional staff support was required. People felt there were sufficient staff to meet their needs. One person told us, "If you need anything, you just ring and they'll answer. Staff come straight away". Staff also felt they had sufficient time to spend with people. One staff member said, "We chat as we care for people".

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Medicines were managed safely. We discussed a previous concern relating to a medication error by a

member of care staff. As a result, the member of staff was being re-trained in the administration of medicines and was not administering medicines to people for the time being. Where care staff had omitted to sign the Medication Administration Record (MAR) to confirm that people had received their medicine as prescribed, they were referred to the registered manager, who would take any necessary action to prevent a reoccurrence.

Some people managed their own medicines, others needed a prompt from staff to take their medicines and others required full support from staff in the administration of their medicines. MARs were kept in people's homes and we checked a sample to see whether staff had completed them appropriately. A senior carer also completed weekly audits for medicines, as well as carrying out five spot checks on people's medicine records each week. Records we checked confirmed this. In addition to receiving medication training, there was advice for staff on what action to take in the event of a person having an accidental overdose of medicine or if they missed taking their medicine. One person said, "The staff administer my medicine and I have to take Paracetamol every day". Another person told us they were allergic to Penicillin, which was noted on their MAR, and that they took their medicines independently. A third person's medicines were kept in a locked box in their flat, to ensure they were stored safely, as the person required full support to take their own medicines.

Good

Is the service effective?

Our findings

Staff had been trained in a range of areas to meet people's assessed needs, preferences and choices. Each member of staff had an individual training plan and received reminders electronically when their training needed to be renewed or refreshed. The registered manager could also monitor the progress of staff training. They said, "Staff have a deadline of when they have to get things done. Staff can access training at home". The majority of training was delivered via e-learning, although some training was on a face-to-face basis, for example, first aid, health and safety and moving and handling. Staff completed training in moving and handling, mental health, life support, diabetes, fire, dementia, infection control, medication, mental capacity, nutrition, safeguarding and basic first aid. Additional training was also available on topics such as pressure sore awareness, defibrillator awareness and lone working. Staff were encouraged to study for vocational qualifications such as diplomas in health and social care. One staff member said, "Pretty much everyone is doing an NVQ [National Vocational Qualification]". All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The registered manager had provided additional information to staff on safeguarding, mental capacity, dignity and dementia on a noticeboard in the staff room. For example, the focused topic for this month was 'Dignity with dementia' and a picture of a 'Dignity Tree' was posted on the wall with the statement, 'What does dignity mean to us?'

Staff had supervision meetings with their line managers approximately every three months which enabled them to discuss any personal or work-related issues. Referring to their supervision meetings, one care assistant said, "It's just to see how we're getting on with our work, whether there are any issues and our wellbeing. It's very comfortable to talk to [named registered manager] and the door is always open". We looked at staff supervision records which showed the discussions that had taken place with staff under the following headings: what they enjoyed, whether any area was challenging, support they needed, long and short-term career aspirations, development and training. Monthly staff meetings also took place and records confirmed this. One care assistant said, "In some places I've worked these can be difficult, but here people can talk freely".

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. Staff had completed training on mental capacity and understood the importance of gaining people's consent.

People had access to a restaurant and lunchtime meals were included for some as part of their housing agreement with the housing association. Catering arrangements were managed by the housing provider and are outside the remit of this inspection.

People were supported to maintain good health and had access to healthcare professionals and services. One person told us that staff would support them to attend healthcare appointments. Another person said they would contact the district nurse for them if needed and added, "I don't have to worry about myself. Everyone worries for you!" People's healthcare appointments were logged in their care plans together with any action required by care staff.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. One person said, "If someone's poorly, staff will pop their head around the door regularly to see how they are. They're very good". Another person told us, "Staff are very good, they're lovely. I'm easy-going as long as I can get out. I like my own company and I like the computer". A third person said, "Staff know how I like things done". Care plans recorded people's personal histories, their likes, dislikes and preferences. It was clear from our observations that staff knew people well. One staff member said, "I love it. I love the work and the residents. They're all nice and we have some characters. Everything works well".

People told us they were supported to express their views and were involved in decisions relating to their care, treatment and support. Care plans showed that people were involved in reviewing their care plans and people had signed them to confirm this.

People were treated with dignity and respect and had the privacy they needed. When asked if staff treated them with dignity and respect one person said, "Yes, absolutely. They go above and beyond". Another person said, "Yes, definitely. Staff have a job to do and I respond. The staff are good. I have no trouble with them and they have no trouble with me!" A third person spoke highly of the staff who supported them and said, "You've got to care to do a good job. They always go the extra mile if you need them to". We asked staff how they treated people with dignity and respect. One care assistant said, "I would always make sure they're comfortable with me and close the doors. I would chat to people; people like to have a chat". We observed staff knocked on people's front doors and waited to be invited in before entering.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided detailed information about people in a person-centred way. The essence of being person-centred is that it is individual to, and owned by, the person being supported. A person-centred approach to care focuses on the person's personal needs, wants, desires and goals so they become central to the care process. People's needs take priority. For example, one person's care plan included a summary of the support they needed from staff. Information was provided on their personal history, interests, goals and objectives. We read, 'To live as independently as I possibly can, to maintain my level of health and have my care needs met, to socialise with others'. Guidance was provided to staff on the support this person required during the morning calls and in the evening. Some people had made advanced decisions about their care and how they wished to be cared for in the future. Communication passports were in place which showed how people preferred to communicate. Care plans were reviewed annually, or sooner if needed, and care staff had signed to say when they had read each care plan.

People were complimentary about the staff who supported them with their personal care. One person said, "Lovely. I was only here a few weeks and I felt part of the community again. Staff are wonderful and always prompt. I've never had any missed calls". Another person said, "I like it here and I like the flat. It's definitely the best place I've been to". They added that staff helped them to go out and do their shopping. Care staff told us that the majority of the time they worked with the same people which helped to provide a consistent level of care. People told us that staff were invariably prompt when undertaking their calls. One person said, "Yes, they're always prompt unless there's an emergency. They will let me know if they're going to be late".

The majority of activities available to people were organised by the housing provider. However, staff did tell us about activities they had planned for the future such as games, quizzes, reminiscence and a supper club. Activities were available to people on a daily basis. Some staff helped people with gardening activities. One person told us they helped to organise a sweet trolley (Candy Cart) which was available for people to buy sweets from on alternate Thursdays. Money made from this venture went to charity. The person who organised this told us, "There's a lot of entertainment here". Many people were independent and arranged their own social lives, going out into the community with family or friends.

Complaints were managed satisfactorily in line with the provider's policy which stated that complaints would be acknowledged within two working days and responded to within 15 working days. We looked at two complaints received during 2016 which were from the same person. Each complaint had been dealt with satisfactorily. No complaints had been received in 2017. People told us that if they did need to make a complaint, they would see the registered manager. One person added, "The staff are very good and I've no complaints. It's a happy-go-lucky atmosphere".

Good

Is the service well-led?

Our findings

People told us they were involved in developing the service and that their views were listened to. One person explained they were asked about any outings they wanted to be involved in and about the menu choices in the restaurant. The registered manager told us they operated an open door policy and people would often drop into the office for a drink and a biscuit and to have a chat. People were asked for their feedback through an annual survey. The last survey was completed in 2016 and 17 people had responded, which was 34% of people at the service overall. No-one was dissatisfied with the service they received. People were asked whether staff made visits to them at the agreed time, whether staff stayed as long as they needed to, helped people with things they wanted them to, understood their care needs, supported their independence, were treated with dignity and respect and had the same care staff to look after them. Responses were all positive.

The service was well managed and good leadership was evident. Staff were asked for their views about their employment through a staff survey, the last one of which was completed in 2016. Staff told us they enjoyed working at Abbotswood. One care assistant said, "I get on really well with all the staff; it's a good group. I like the work and meeting the residents". Another care assistant said, "I love it. You get specific time with the client which I really like. Everyone gets on well really well and if I have any problems, I can just ask". They added, "There's always an open door policy which is nice. If you have any problems, you can always speak to them [the management]". We asked staff what they felt was good about working at Abbotswood. One care assistant said, "The fact you are supported which I wasn't used to [referring to previous employment] and it is a great team. Any ideas would be listened to". The registered manager spoke highly of the staff team and valued their support in delivering quality care to people.

Systems were in place to measure and monitor the care delivered and the service overall. The registered manager told us the service had received an outstanding team award from the provider in May 2017. A range of audits was in place. Medication audits were completed weekly and audits were in place to monitor people's care plans. Spot checks and observations on staff practices were completed and recorded. The registered manager said, "It's a lovely environment. There's a mixture of customers on different levels. I've got a fantastic team and I've worked hard with them to have confidence and put themselves forward. The company is supportive. There's always someone to talk to and I can't knock the training. We've got a good structure here. Each shift has a senior for care staff to go to. There's always room for improvement, like we've just changed all the paperwork audits for medication". When people sustained falls, these were reported and monitored. However, a notification for one person who had sustained a fracture as a result of a fall had not been submitted to the Commission as required. We discussed this issue with the registered manager who undertook to send us this notification retrospectively.

People felt they received good quality care. One person said, "It's lovely, you can't fault it. I can't fault the carers or [named registered manager]. There's a very, very good team here". Another person told us, "I'm very well looked after, but I can look after myself quite well too!" A relative had written to the registered manager in February 2017 and we read, '[Named family member] may not always have seemed so, but he really was very happy at Abbotswood and mentioned many times how grateful he was for the help he

received from you all. You made a big difference to his life".