Housing & Care 21

Housing & Care 21 - Olive House

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

We conducted an inspection of Housing and Care 21- Olive House on 7 June 2016. Olive House is a supported living service for older people, some of whom have dementia, mental health issues or other physical or learning disabilities. There are 50 self-contained flats at the service. There were 33 people receiving personal care when we visited. At our previous inspection on 30 January 2014 the provider met the regulations we inspected.

There was a registered manager at the service. 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.

Staff had completed medicines administration training within the last two years and were clear about their responsibilities.

Risk assessments and support plans contained clear information for staff. Records were reviewed within three months or where the person's care needs had changed.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. Care records contained some consent forms demonstrating people's valid consent had been obtained for various matters relating to the care and support they received.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision although appraisals were not conducted. Although the registered manager told us the supervision process was supposed to incorporate

appraisals we found this did not happen in one case. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals as required.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The organisation had adequate systems in place to monitor the quality of the service. This included monthly auditing of medicines and medicines administration charts (MAR) and quarterly care plan review meetings. We saw evidence that feedback was obtained by people using the service and the results of this was positive.

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. The risks to people's mental and physical health were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

The service had adequate systems for recording, storing and administering medicines safely.

Is the service effective?

Good

The service was effective. Staff received an induction and regular supervision and training to carry out their role.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Care records showed people had been asked for their valid consent in relation to their care and support. Staff demonstrated a good knowledge of their responsibilities under the MCA.

People were supported by staff who had the appropriate skills and knowledge to meet their needs.

People were supported to maintain a healthy diet. People were supported to maintain good health and to access healthcare services when required.

Is the service caring?

Good

The service was caring. People using the service were satisfied with the level of care given by staff.

People told us that care workers spoke to them and got to know them well.

People's privacy and dignity was respected and care staff provided examples of how they did this. People's cultural diversity was also respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and maintain their independence. Staff at the service encouraged people to take part in social events and activities.

People told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Good

The service was well-led. People told us the registered manager was approachable.

Quality assurance systems were adequate. Feedback was obtained from people using the service in monthly care plan review meetings and this was recorded and actioned as required. Monthly audits were conducted of medicines and this included a check of the MAR chart.

Housing & Care 21 - Olive 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.

The inspection took place on 7 June 2016 and was conducted by a single inspector. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke to two healthcare professionals who worked with the service to obtain their feedback.

We spoke with six members of staff who included two care workers, one senior care worker, a senior staff member known as the care team leader, the activities coordinator and the registered manager for the service. We also spoke with eight people using the service. We looked at a sample of four people's care records, three staff records and records related to the management of the service.

Good

Our findings

People told us they felt safe using the service. Comments included "It's very safe here- the carers look after us", "It's a safe building, secure" and "I've always felt very safe."

The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected
abuse was taking place. This included clear procedures for the prevention of financial abuse and we saw clear financial records for people who had assistance from staff in managing their finances. Staff also confirmed they were aware of the provider's whistleblowing procedure and would use this if they felt their concerns had not been taken seriously. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example, many of the people using the service were older people and some had mobility issues. Care workers mentioned the risk of falls and explained what they would do in the event of a fall and this included making the person feel as comfortable as possible, checking for injuries and calling for appropriate help. Care workers confirmed that they had been on specific falls prevention training and this had aided their understanding of how to respond appropriately to this type of emergency.

We looked at four people's support plans and risk assessments. Initial information about the risks to people was included in an initial assessment that was conducted by the referrer which was usually a social worker. On admission to the service people were reassessed by a senior member of staff who conducted risk assessments in providing personal care, completing domestic duties fire safety and an environmental risk assessment. The information in all the risk assessments included practical and specific guidance for care workers about how to manage specific risks to individual people. For example we saw one risk assessment about the internal environment for someone with mobility problems included a reminder for care staff to be careful with the vacuum cleaner chord to avoid the risk of the person tripping. Risk assessments also included 'risk pointers' which was a list of general reminders to care workers. Risk assessments were

reviewed at least every three months or sooner if the person's needs changed.

Information from people's risk assessments was then used to devise a comprehensive support plan. These included information on people's specific health and support needs which included their mental health needs. The document included guidance on signs of relapse and what to do if this occurred. There was also a comprehensive timetable in people's care records which identified exactly what support people needed at different times of the day and care workers were required to record when that support had been given in daily notes.

People told us enough care workers were provided to meet their needs. People's comments included "Whenever I need help someone's there. I'm not kept waiting" and "I think there are enough staff."

The registered manager explained that the number of staff members on duty at any time was originally negotiated as part of the initial contract with the local authority. Each person had an assigned social worker and any changes in a person's needs would be negotiated with them and they would conduct a further assessment if needed to justify an increase in hours. The exact number of staff was calculated according to the number of support hours each person required in the morning, afternoon and evening. People's timetables detailed exactly what support they needed and how long this would take. We reviewed the staffing rota for the week of our inspection and this accurately reflected the number of staff on duty and the number of staff required on a daily basis as relayed to us by the registered manager. Care workers told us there were enough of them on duty to keep people safe and do their jobs properly. Their comments included "We are fully covered. If someone calls in sick quick cover is arranged" and "There are enough staff on duty. I don't feel too rushed."

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy. Medicines were stored safely for each person in a locked cupboard in their bedrooms.

We saw examples of completed medicine administration record (MAR) charts for four people for the month of our inspection and with their permission, we checked their medicines. We saw that staff had fully completed the charts and the numbers of medicines stored tallied with the amounts recorded on the MAR chart.

We saw copies of monthly checks that were conducted of medicines. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. We saw some concerns had been identified in a previous audit. We saw from our checks that issues had been rectified.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Good

Our findings

Staff told us they felt well supported and received regular supervision of their competence to carry out their work and meet people's needs. We saw records to indicate that staff supervisions took place every two months and separate appraisals known as 'job chats' were also conducted. We were given examples of staff members who were promoted within the organisation through following this process.

People told us staff had the appropriate skills and knowledge to meet their needs. Comments included "They do a good job" and "I think they're very good, they work well together too." The registered manager and care workers told us, that they completed training as part of their induction as well as ongoing training. Records showed that all staff had completed mandatory training in various topics which included infection control, medicines administration, mental health awareness, safeguarding and moving and handling.

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that care workers training was in date and was monitored closely. Care workers comments included "I get enough training, but I can ask for more progression in terms of learning and development."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff were able to demonstrate that they understood the issues surrounding consent. Staff members told us that some people using the service had fluctuating capacity and demonstrated that they knew how to support people to make decisions appropriately. We saw records were in place for people who had assigned Lasting Power of Attorney in respect of their finances.

The provider had other safeguards in place to ensure they were providing care in accordance with people's valid consent. Care records included copies of consent forms which helped staff ensure they had people's consent for the care and support they gave. For example, all files we viewed contained a signed consent form which authorised staff to enter their rooms in the event of an emergency among others.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements which included whether they had any allergies or health issues related to their diet for example diabetes. Care records also included information about people's likes and dislikes. People had kitchens in their flats, but there was also a cafeteria on site where people could purchase food. People spoke positively about the food available. Comments included "The food is excellent.I've put on weight since coming here" and "The food is very good."

Care records contained information about people's health needs. The provider had up to date information from healthcare practitioners involved in people's care and this included discharge letters from hospital teams which included advice that was also incorporated into their care plans. When questioned, care workers demonstrated they understood people's health needs and took account of this when providing care.

Good

Our findings

People gave good feedback about the care workers. Their comments included "They're [staff are] great. I can't find a fault in them", "I love the lot of them [staff]" and "They're lovely people here. They do anything for you."

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service and we saw these details recorded in people's support plans. This included information about their childhood, their previous occupation and any significant events in the person's life.

Staff members we spoke with gave details about people's lives and the circumstances which had led them to using the service. Care workers knew about people's family members and people close to them as well as specific details about people's lives. One care worker told us about a significant event in one person's life and demonstrated they understood the importance of that event for the person in question.

Care workers were also well acquainted with people's habits and daily routines. For example, care workers told us about people's likes and dislikes in relation to activities as well as things that could affect people's moods and their mental health. For example one care worker gave us examples of things that made one person happy and improved their day.

People we spoke with told us they were able to make choices about the care and support provided and staff helped them to achieve their goals. One person said "I do what I want and staff help me when I ask them to." Care workers told us people made their own choices and lived their lives how they wanted. One care worker told us, "Helping people to be independent and to live their own lives is very important. This is what we try to do."

Care workers explained how they promoted people's privacy and dignity. For example, one care worker said "When I'm giving personal care, I always explain what I'm doing and make sure I don't expose anything that doesn't need to be exposed." People we spoke with also confirmed their privacy was respected. One person told us, "They always knock on my door, they never barge in" and another person said "They are very respectful."

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service. We saw initial assessments considered people's cultural and religious needs.

Care staff told us that they respected people's cultural diversity and gave examples of how they met people's cultural needs in their day to day lives. This included providing them with the appropriate food to meet their religious needs. We were also made aware of how one person's cultural needs were met by staff who assisted them to access activities that were in line with their requirements.

Good

Our findings

People using the service told us they were involved in decisions about the care provided and staff supported them when required. One person told us "They're very helpful and do whatever you ask".

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of people's mental and physical health as well as their ability to complete daily living tasks. The care records we looked at included a support plan which had been developed from the assessment of people's individual needs.

Care records showed staff prioritised people's views in the assessment of their needs and planning of their care. Care plans included details about people's preferred routines, habits, likes and dislikes in relation to a number of different areas including nutrition and activities. People's progress was reviewed at quarterly meetings with their key worker. People's views were collated in a feedback survey which was conducted as part of the quarterly review meeting. We saw evidence when people made comments for changes to be made that these were prioritised.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. The activities programme was run by an activities coordinator who operated a weekly activities timetable which consisted of a morning and afternoon activity five days per week.

Care records included some detail about the type of activities people enjoyed doing. The activities coordinator demonstrated a good level of knowledge of people's individual likes and dislikes in relation to activities and showed us records of people's involvement in activities and their feedback. They gave us examples of proactive measures they had taken to ensure people were involved in activities on offer. They told us "We noted that men were participating less in activities than women, so we have created a men's discussion group to encourage men to take part." They also named people who were not interested in any of the activities on offer and did not want to socialise and told us they approached these people on a daily basis to converse thereby ensuring they were not socially isolated.

We saw an activity in progress during our inspection. This was an arts and crafts activity and people appeared to be enjoying this.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People we

spoke with confirmed they would speak with the registered manager if they had reason to complain, but also told us they had never had any complaints. The registered manager also confirmed that they had never received an official complaint. Care workers we spoke with confirmed that they discussed people's care needs regularly with the registered manager and if there were any concerns they would approach her to discuss how to resolve matters.

Good

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the manager was available and listened to what they had to say. People commented positively on the registered manager. Their comments included "[The manager] is very helpful" and "She's a nice lady. I can talk to her". We observed the registered manager interacting with people using the service throughout the day.

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought during quarterly review meetings where people's key workers asked a list of specific questions to ensure people were satisfied with the care they were receiving. Some of the questions included whether people were aware how to complain and who to complain to, whether they were getting the support they needed and whether there were any changes they required to their support plan. People commented positively in the care records we read. People's feedback was also sought through regular 'residents' meetings. People told us they found these meetings helpful and felt comfortable speaking in them. The registered manager told us that if issues were identified, these would be dealt with individually.

Staff told us they felt able to raise any issues or concerns with the registered manager. Care workers told us "She hasn't been with us long, but she is approachable" and "I haven't had any issues to discuss with her, but she's very down to earth and I feel comfortable talking to her." The registered manager told us and records confirmed that monthly staff meetings had always been held at the service and she intended to continue these. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

We saw records of accident and incidents. There was a clear process for reporting and managing these. The registered manager told us they reviewed accidents and incidents to monitor trends or identify further action required and we saw evidence of this.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what

their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided tallied with these.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of audits on medicines administration and care records were reviewed at quarterly meetings.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included community mental health services, the GP and local social services teams. We spoke with two healthcare professionals and they commented positively on their working relationship with staff at Olive House. Monthly multi-disciplinary meetings were also held at the service and we saw records that showed close working between all professionals.