One Housing Group Limited

Esther Randall 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?	Requires Improvement

Summary of findings

Overall summary

Esther Randall Court is an Extra Care provision operated by One Housing Group Ltd. 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 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. Not everyone living at Esther Randall Court received a regulated activity. At the time of the inspection, personal care support was being provided to 20 people.

At the last inspection on 9 December 2015, the service was rated Good in all key questions and overall. At this inspection we found the rating for the service remained Good but it was rated Requires improvement in well-led.

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. The registered manager had relevant experience and training to provide regulated activity.

The registered manager had not informed the CQC about one safeguarding concern and an incident that was reported to the police as required by law. The failure of not notifying the CQC of such incidences without undue delay is a breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009. We are considering taking action against the provider for failing to meet regulations. Full information about CQC's regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

People were protected from harm and abuse. Staff received training and understood their role in relation to safeguarding people. Safeguarding had been discussed with people in tenants' meetings and written about in the service's newsletter. Tenant's meeting was the term used at this service for the meetings attended by people who used the service. Therefore, we have used this term throughout the report.

The service provided safe care and support to people who used it. Risks to people's health and wellbeing had been assessed and staff had guidelines on how to support people safely. The service had a system in place for the management of medicines and people were supported to take their medicines safely and as intended by the prescriber. The service dealt appropriately with accident and incidents and actions were taken to reduce the possibility of them reoccurring. Appropriate recruitment procedure ensured people were protected from unsuitable staff.

People's needs and preferences were assessed prior to them moving into the service. There was a comprehensive assessment process, which involved people, which ensured that people received support

that met their needs and personal preferences.

People were cared for by staff who received appropriate training and support from their managers. Staff skills were regularly assessed to ensure they knew how to support people in a safe and effective way.

The service helped people to live a healthy life. Staff supported people to have a nutritious diet that met people's needs and preferences. When people's health needs changed staff ensured people had access to respective external health professionals and services.

The service had worked within the principles of the Mental Capacity Assessment 2005 (MCA) and staff sought people's consent before supporting them.

There was a peaceful atmosphere at the service and staff who supported people behaved in a kind and caring way. People told us they felt looked after by staff at all times.

People said they were involved in planning and reviewing their care and they had their say in how this care was provided. When people had any complaints about the service provision, the management team had dealt with these complaints promptly and to people's satisfaction.

People, staff and external social care and health professionals spoke positively about the management team and how they thought the service was led.

The management team had systems in place to monitor staff performance and various elements of the service provision. Regular audits helped to identify any gaps in the service delivery. Actions were taken by the management team to ensure good quality of the care and support at all times.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not consistently well led

The registered manager did not always notify the CQC about notifiable events.

Staff were supported by the management team and they knew what was expected from them

There were numerous systems in place to monitor the service provision.

People were asked about their feedback about the service and peoples opinion was taken into consideration.

Esther Randall 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.

This inspection took place on 22 January 2018 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available to talk to us during our inspection.

This inspection was carried out by one adult social care inspectors, and one Expert by Experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

During our visit, we spoke with the registered manager, the deputy manager a care coordinator and two care staff. We also spoke with five people who used the service, two relatives and one health professional who was visiting the service during our visit.

We looked at records, which included care records for four people, recruitment, supervision and training records for four staff members. We also looked at other documents relating to the management of the service.

Following the inspection, we contacted and received feedback from further three external health and social care professionals.

Good

Is the service safe?

Our findings

The service protected people from harm and abuse. People told us they felt safe with staff who supported them. Their comments included, "Oh yes [to feeling safe]. They're always there and they look after you so well. If you press your button, you know that they're there" and "There's no safety issue. There was one carer who stole money and they kept him out."

Issues around safeguarding were spoken about in tenants' meetings and the service's newsletter. This meant people were supported in increasing their awareness around safeguarding matters. Staff we spoke with understood their roles in relation to safeguarding adults. They were able to name different types of abuse and they knew how to report any safeguarding concerns. We saw that issues related to safeguarding were discussed in staff meetings and individual supervisions. Records showed the management team dealt appropriately with safeguarding concerns.

There was a clear procedure around reporting and recording accidents and incidents and records showed it was followed. The deputy manager told us, they regularly monitored and analysed all reported accidents and incidents for any possible patterns. The service provided us with a spreadsheet, which consisted of the summary information on all reported accidents and incidents. On the spreadsheet we saw actions that were taken to minimise the possibility of accident and incidents reoccurring.

Risk to people's health and wellbeing had been assessed and staff had guidelines on how to support people safely. Records showed risk assessments were personalised and reflected hazards highlighted in people's care needs assessments and care plans. Risk assessments we saw related to risk of falls, pressure ulcers, social isolation, challenging behaviour or poor nutrition and hydration.

The provider managed the staff recruitment process centrally. The registered manager had access to recruitment information to ensure employed staff were suitable to work with people. We saw a copy of a Disclosure and Barring Service (DBS) checklist showing that all staff received appropriate criminal checks before working with people. This meant the risk of people being supported by unsafe staff was minimised.

The service had a system in place for the safe management of medicines. We saw that all medicines administration had been recorded appropriately on medicines administration charts (MARs). The management team had audited all MARs regularly and we saw that actions were taken when errors in recording were identified. Records showed there were processes in place around receiving, storage and disposal of medicines. This meant the service took appropriate action to ensure people had their medicines managed safely. Staff told us, and records we saw confirmed, that staff received appropriate training and the management team had assessed staff competencies before they administered medicines to people.

There were sufficient staff deployed to ensure people's needs were met. People told us, "Yes. Everyday they come to my room," and, "At 8am they come to wash and dress me." A relative told us, "They've put in extra care. [My relative] has four visits daily for their meals, washing and medication." We saw that staff rotas were prepared at least two months in advance to ensure all staff planned absences were covered. The registered

manager told us in case of sudden staff absence, daily duties would be spread amongst other staff on the shift or the provider's bank staff would be arranged. Staff told us this arrangement worked and although they were at times busy they supported each other in completing their tasks.

The service had policies and procedures in place to ensure appropriate infection control. Staff had received infection control training and were provided with appropriate personal protection equipment (PPE). We observed that the service was clean, there was information about infection control displayed in the communal area of the service and all cleaning products were stored safely in a lockable room.

Good

Is the service effective?

Our findings

New potential care packages were initially assessed by the service based on the information provided by the local authority. The registered manager and a member of the management team then visited a person to introduce themselves and to discuss the person's needs. This procedure helped the service representatives and the prospective new person using the service to decide if the service would meet the person's needs and preferences. In people's files, we saw completed needs assessment documents confirming that a detailed pre-assessment process had taken place.

New staff received an induction that included the training that the provider considered mandatory and shadowing of their more experienced colleagues. In staff files, we saw a range of induction checklists, competences assessments and training certificates confirming new staff completed or were in the process of completing their induction. New staff with limited experience in the care field were required to complete the Care Certificate. The Care Certificate is a set of standards that new health and social care staff follow when at the start of their professional duties. On the training matrix, we saw that four staff members had completed the Care Certificates. One staff member told us, "The induction was really intense and long. It was useful." Other staff received refresher training every two or three years, depending on the subject. This included safeguarding, medicines awareness and manual handling. We also saw that all staff employed at the service had completed or were in the process of completing the Level 3 Diploma in Health and Social Care.

Staff told us that the management team was supportive. They encouraged staff to undertake relevant professional qualifications, which helped ensure they were competent in their roles. They said, "The registered manager takes on board staff aspirations. The deputy manager also encourages progression" and "[The registered manager] has a lot of belief in me. I feel valued." In staff files, we saw evidence of formal supervision, management observations, yearly appraisals and personal performance discussion. The deputy manager explained that a personal performance discussion was a tool used to assess the level of staff skills in various areas of staff performance. This included topics like safeguarding, teamwork and medicines management. This showed staff had received formal support and their skills were regularly assessed.

People were supported to have a healthy diet that met their needs and preferences. Their comments included, "Lunch is on about 12. They [staff] just get on with it (lunch and dinner). They help me to peel potatoes and cabbage and fry or boil some meat. Sometimes I cook myself", "I have beef sandwiches and my soup; it's my choice and I'm satisfied with it" and "[Staff] make meals or do the ready meals occasionally." The level of the support required around food preparation and nutritional needs varied depending on each person. Some people could prepare their meals independently and some needed staff full support. This information was recorded in people's files. This meant staff had guidelines on how to support people appropriately and in line with their individual preferences. Staff were able to tell us about people's needs and preferences and they said they always considered them when supporting people with food and drink.

People had access to external health professionals when required. Any changes to people's health were

spotted and addressed promptly. People told us, "It's not often but they would dial 999 [in case of emergency] or for a GP." and "The GP visits weekly." The service had been working closely with the local medical centre, pharmacy and other health professionals. We saw, that staff recorded all changes to people's health in a designated book. They then discussed each person's health with a GP who visited the service weekly. One health professional told us, "Staff know people very well, they feel confident with recognising any issues and making referrals if needed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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.

We saw that the service had worked within the principles of the MCA. Staff we spoke with had received training and demonstrated good knowledge and understanding of the principles of the Act. Where people lacked capacity any decisions made on their behalf were made with input of family members and respective professionals. We saw decisions were made in people's best interests.

Information about people's capacity and people's legal representatives was recorded in their files, However, we noted it was not always easy to find it there. We discussed this matter with the registered manager and the deputy manager. They agreed this information should be easier to find in people's records. They agreed to look into this and they reassured us action would be taken to address this matter immediately.

Staff sought people's consent before supporting them. They told us, "First of all you need to get people's permission" and "I look at how I would feel. I wouldn't expect anyone to tell me what to do." Records showed that people provided their written consent to care provided by the service. People confirmed this. One person told us that, "Staff only do what you want them to do, which is how I like it". A second person told us, "Staff always explain everything and let me know what they're doing. If I needed more care, they give it."

The service was based in a specially built, spacious building. It consisted of 35 one-bedroom, self-contained flats across three floors. People using the service could access communal areas, which included a spacious lounge/dining room and landscaped garden. The accommodation was clean and well maintained. We did not identify any unpleasant odours and health and safety hazards.

Good

Is the service caring?

Our findings

People using the service and their relatives told us, "10 out of 10! They're kind, caring, they're just like family and they do a wonderful job too", "Yeah, they're nice" and "They're all lovely and there to help with anything." A relative told us, "They're very friendly and caring, understanding and a lot use their own initiative. The regular staff are very good."

Staff spoke kindly about people. Their comments included, "I love working here it is a great environment. Older people have a lot to give but they are not always looked after properly. I want to help and support them" and "I always talk a lot with people. It is important so I can have a better understanding of people and they can express what they need."

During our visit we observed a peaceful and relaxed atmosphere in the service. Some people visited the communal area and we saw staff approach them in a friendly manner asking how they were. We saw that staff had enough time to spend with people and engage in conversations. A staff member told us, "We have plenty of time to spend with people. I don't have to rush away. I can sit with them and chat when they eat."

We saw that people could move freely around the service or they could go out if they wished to. When there was a risk that when in the community people would get lost, arrangements were put in place to ensure people were safe and they could return home. For example, staff were required to ensure people had the service's address with them at all times. This meant that people were not restricted in anyway.

Staff knew how to communicate with people effectively and in the way they preferred. People told us, "They inform me by letter or speak with me in person". Information about people's preferred ways of communication was recorded in their care files and staff had access to it. For example, one person was prone to getting frustrated at times. Staff were instructed to explain the situation to the person calmly to help them understand it. Another person was anxious about communicating with various professionals. They requested that staff were present during those conversations and remember the outcomes for them.

Staff supported people to do things they enjoyed and to live a good life. Each person had a key-worker, an allocated staff member who supported people in ensuring they received care and support they wanted. People and key-workers were matched based on various criteria, such as, language spoken, culture, religion or interests. Key workers also provided as much personal care to people as possible. This approach ensured the continuity of care and allowed staff and people to create meaningful and friendly relationships that last.

People were involved in planning and deciding how they would like to receive their support. Respective key-workers invited people to monthly key-work sessions in which they could discuss people's specific care needs, personal development as well as concentrate on long term goals. For example, we were told how one person, with help of regular key work sessions, had achieved their goal in giving up an alcohol addiction. This meant that staff provided personalised care that was relevant to what people needed and wished.

Staff protected people's privacy and dignity when providing personal care. They told us," I describe every

little step and what I do. I close the door to provide privacy" and "I close curtains and cover people with a towel. I promote independence. If they can do something themselves I encouraged them to do it." Records showed people could chose if a male or female staff supported them. In people's care files, we saw guidelines for staff on how to encourage people to keep up good hygiene and wear clean clothes. This meant the service supported people in maintaining a dignified appearance.

Good

Is the service responsive?

Our findings

People using the service thought they were involved in the planning of their care. A person using the service told us, "I've been here for a number years and I had a full-assessment. I am not sure about the frequency of reviews but I've got a key worker who tells me about the rota and she notices changes." A relative told us, "Oh yes definitely. I put a lot into my relative's care plan. They asked and I took the assessment home and made amendments."

Each person had a care plan, which was detailed and reflected the assessed needs of the person. The provider had recently introduced a new computer care planning system that helped to capture many aspect of people's life. These included people's physical and mental health, medicines, social needs, activities, hobbies and more. The document was detailed and lengthy, therefore, a shorter and equally informative version was introduced by the service. This helped staff to have easy access to important information about people. We saw that both types of care plans were reviewed within the last 12 months.

People received care and support that was person centred. Staff discussed people's care in staff team meetings and daily handovers. This ensured if any changes to people's care needs and preferences were identified, staff could take action to ensure they were met appropriately.

Staff supported people in living an active life, which was in line with people's interests, cultural preferences and individual chosen ways of living. Information about people's social activities and preferences was recorded in people's care plans, which indicated that staff actively sought knowledge on what people liked to do. The service provided a range of meaningful activities that people were encouraged to attend. These included people's birthday parties, weekly movie shows, and tea parties. The service created numerous links with the local community to enable people to be part of groups and gatherings related to their spiritual, social and other personal needs. This included social visits by children from the local school, links with the local Catholic church, LGBT (lesbian, gay bisexual and transvestite) community and others.

The service had a complaints procedure in place. This was available to people in the form of a leaflet and people were reminded about it in meetings. People could also make anonymous comments through a suggestion box housed in the communal area of the service. At the time of our visit, there were no complaints open to the service. The registered manager explained the service took people's complaints seriously. If anyone wanted to make a complaint staff would support them in doing so or an external advocate would be invited to ensure impartial support. They explained that meeting were used by people as a platform to discuss anything related to the service provision. The majority of people's complaints around the service delivery had been raised and dealt with in these meetings. People told us that they did not have many complaints, however, when they did they were dealt with promptly and to people's satisfaction.

The service had not provided end of life care. However, people were encouraged to discuss what they would like to happen if they passed away. In doing so the service ensured people's wishes and preferences would

be known after their passing. The deputy manager told us the service supported family members, people and staff if a person using the service passed away. The support included hosting a reception after the funeral and preparing a video diary about a person's time at the service. This meant that the service provided the space to celebrate the person's life and allow others to mourn the passing of the person.

Requires Improvement

Is the service well-led?

Our findings

We noted that all but one safeguarding concern had been reported to the Commission as required by Regulations. We spoke about this with the registered manager and the deputy manager. They explained that at the time of the event they sought guidance from a member of the provider's management team who advised this was not a notifiable event. The registered manager reassured us they would inform the commission of similar events in the future.

We saw that the registered manager had not informed us about an incident that was reported to the police. They should have done it as required by regulation. We discussed this with the registered manager. They told us the matter of statuary notifications had been addressed in the recent provider's service managers' meeting. All service managers were reminded about their responsibility to report notifiable incidents. The registered manager reassured us that they would make such notifications in the future. The failure of not notifying the CQC of such incidences without undue delay is a breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

People thought the service was well managed. One person told us "They're so efficient. They've got a hard job to do and they do it. The staff are very good too. I have regular carers who understand my condition and my needs." A relative said, "I think they do a pretty good job. I'm satisfied."

Staff said they felt supported by the management team and they thought the service was well led. Their comments included, "We are well led and we have excellent relationship with external medical professionals. This helps to support people effectively", "We are getting more staff and it is getting better" and "The manager comes to our daily meetings. There is good information sharing and everybody checks if care was provided appropriately."

There was ongoing communication between staff and the management team. Staff told us there were regular handover and team meetings. Minutes from the meeting in November 2017 showed that topics discussed included safeguarding people, medicines management, and other various areas of the service that needed improvement. We observed a team meeting that was taking place on the day of our visit. We saw that the meeting was well attended and staff appeared to be comfortable when discussing various topics related to people's care.

We observed that the service was well organised and staff knew what was expected from them. We saw a variety of information displayed in the service reminding staff about their professional role and duties. This included a safeguarding policy, the provider's code of conduct, a list of scheduled key-work sessions and a poster reminding staff about a team meeting. We saw documented shift plans which indicated that daily care tasks were clearly divided amongst staff. The management team had regularly monitored the performance and the skill set of staff. This was done through regular supervision and managerial observations of staff practice. Records showed that staff good practice was recognised. Any gaps in staff performance were disused and support offered to encourage staff professional development.

The registered manager had numerous systems in place to monitor the service provision. These included a variety of audits such as medicines management, health and safety checks and staff competency assessments. Records showed that the service had been periodically audited by a member of the provider's central management team. This meant there was an additional lever of monitoring to effectively screen and maintain required standards of practice. We saw that information from these audits was used to form the service's action plan. We saw that the plan was reviewed and actions had been taken on any improvements that had been identified as a result.

People using the service were regularly asked for their feedback about the service. This was done in the form of regular surveys, scheme meetings and individual key-work meetings. People's opinion mattered. The management response to matters raised by people in tenants meetings and surveys was incorporated in the service's newsletter. This meant that people had easy access to information on what action had been taken as the result of their feedback.

We saw that the service had established good links with the local community and external health and social care professionals. External professionals told us, "I am very impressed with them [the service]. The deputy manager is incredibly committed to care for elderly people" and "I really like the service. They are very good and engage well with us [professionals]."