

Housing & Care 21

Housing & Care 21 - Cedar Court

Inspection report

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14 December 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 13 and 14 December 2016 and was announced. We gave the registered manager 24 hours' notice as we needed to be sure they would be available for the inspection.

When we last visited the service on 23 May 2014, the service was meeting all the regulations we checked.

Housing and Care 21 – Cedar Court is extra care sheltered housing for older people. Personal care is provided to people who require it. At the time of the inspection 35 people were using the personal care service provided by Housing and Care 21 – Cedar Court.

The manager in post was new and had not yet registered with CQC as the registered manager. 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.

Medicines were handled and administered safely. Staff understood the organisation's medicines policy and followed it to ensure people received their medicines safely. Medicine administration records were completed accurately.

Risk assessments were in place and detailed actions to manage identified risks and to keep people safe. These covered risks associated with people's care, their environment and their health conditions.

Recruitment procedures were robust and safe. Only members who had successfully completed all checks including references and disclosure barring checks were allowed to work at the service. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse. Records showed that safeguarding concerns were taken seriously and investigated.

Staff understood their responsibilities within the Mental Capacity Act 2005. Staff were supported through effective induction, supervision, appraisal and training to provide an effective service to people. Staff were supported and supervised through one-to-one meetings, spot checks and observation. They told us it helped improved their performance.

The service worked with social care and health care professionals. People were supported to arrange appointments to ensure their health needs were met. Relevant professionals were involved to ensure people received appropriate support and care that met their needs. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements.

People told us staff treated them with kindness, compassion and respect. Staff provided support to people in the way they wanted to be cared for. People and their representatives were involved in their care planning

and these were reviewed and updated regularly to reflect people's changing needs.

People, their relatives and staff were encouraged to provide feedback and to raise concerns. The registered manager investigated and responded to complaints and concerns appropriately to improve the service. The service had various and effective systems to monitor the quality of service delivered. They worked in partnership with other agencies to deliver effective service to people.

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. Risks to people were assessed and managed appropriately.

Medicines were handled and managed safely. People's medicines were recorded clearly and accurately

Recruitment practices were robust so only suitable staff were employed to provide care to people. There were enough staff to provide care to people.

Staff were knowledgeable in recognising the signs of abuse and how to report it in accordance with the organisations policy and procedure.

Is the service effective?

Good ●

The service was effective. Staff were supported through comprehensive induction, supervision, appraisal and training.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately.

People were supported to prepare food and drink as required.

The service worked with health and social care professionals to ensure people's needs were met.

Is the service caring?

Good ●

The service was caring. Staff treated people with dignity and respect.

Staff understood the needs of people and how to support them accordingly.

People were involved in their own care and were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive. Care and support was delivered to

people in the way and manner they wanted.

Care plans detailed the support people required to meet their needs.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with policy.

The service had systems to obtain feedback from people using the service and these were used to improve the service provided.

Is the service well-led?

Good ●

The service was not well led. The manager in post was new so had not registered with us yet as the registered manager.

There were systems for monitoring the quality of service provided. People told us that their views were taken into account when planning their care.

The service complied with the terms of its registration with CQC.

Housing & Care 21 - Cedar 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 13 and 14 December 2016. The provider was given 24 hours' notice because the location provides domiciliary care service and we needed to be sure they were available to give us information during the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications the service had sent to us. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with nine people using the service, five relatives, the operations manager, the manager, one team leader, one senior care worker and five care workers. We reviewed 14 people's care records to see how their care and support was planned. We checked eight staff files to review recruitment processes, training records and supervision for staff. We looked at records relating to the management of the service. These included information about complaints and the service's quality assurance process. We also carried observation to see how care staff supported and treated people.

After the inspection we spoke with one professional involved in care of people using the service to obtain their views of the service.

Is the service safe?

Our findings

People were safeguarded from the risk of abuse and their human rights protected. People using the service told us that they felt safe living at Cedar Court and in the way care workers supported them. One person said, "I feel safe. It is safe here." Another person told us, "I feel so safe here. I know someone is around and they will come when I call. I use to fall a lot before I came here but I don't anymore because I get help I need." A third person told us "It is safe here. We are encouraged to lock our doors. I don't allow people I don't know in. Staff carry their identity badges."

Staff knew their responsibility in keeping people safe from harm. Staff recognised the signs of potential abuse and understood how to protect people if they had safeguarding concerns. They told us they had felt confident to raise concerns with their managers and were also confident that their managers would investigate it accordingly and take necessary actions to protect people appropriately. The provider had a safeguarding procedure in place and work closely with the local authority to ensure people were safe. We saw records which showed that the service responded appropriately to safeguarding concerns in line with their procedure and that of the local authority. Staff understood the organisation's whistleblowing procedure and their rights to escalate concerns if necessary. Staff told us they felt confident to instigate the whistleblowing procedure if necessary to protect people.

People were protected against risks associated with their care, health and well-being. The service carried out risk assessments relating to moving and handling, health and safety of the environment, nutrition, falls and medicine administration. People had risk management plans which guided staff on how to support people to reduce these risks. For example, there were management plans for staff to follow to support a person at risk of malnutrition. There were also moving and handling plans to safely support people with their transfers. Staff understood people's plan and followed it to ensure they supported people safely. These plans were updated regularly with people and their relatives to ensure they remained relevant to their current situations.

Care records were updated to reflect changes in people's needs and staff were informed of these changes through handovers, communication book and team meetings. . This ensured staff were aware of the risks to people and how to support them appropriately to minimise and reduce such risks.

Recruitment procedures were robust and only suitable staff were allowed to work with people. Staff records showed the provider interviewed applicants for jobs and took up references and criminal record checks before they were allowed to work with people. Applicants' right to work in the UK was also checked. This ensured that people received care and support from staff that were suitable and had the appropriate knowledge and skills to do the job.

People and their relatives told us there were enough care staff to support them and safely meet their needs. They also told us that staff were punctual and spent the allocated time with them. One person said "The carers come when they need to come and they complete what they need to do." Another person said "Yes, the [staff] get to me at the right time and do what they need to do." We looked at the rota and saw that visits

were planned and adequately covered by staff. Where there was a need for people to have two care workers to support them during a visit this was accommodated. For example, where staff needed to pair up to carry out moving and handling tasks. Staff told us that they were happy with this system and they had enough time to complete tasks for people. Staff were flexible and encouraged to pick up extra shifts to cover emergency cancellations. The senior staff were able to provide hands-on to people where required in the event of staff shortage or emergency.

Staff we spoke with understood the procedure to follow in the event of an emergency. They told us that if they saw or suspected someone was unwell, they would contact the person's GP or call the ambulance if the person needed immediate help. They also informed their management staff as required. Staff knew the on-call management system and felt confident they would get help if needed to deal with an emergency. This meant that people were supported by staff who knew how to respond appropriately to protect their health and safety.

People received their medicines safely from staff that were trained and competent to do so. People and relatives we spoke with told us staff supported well with their medicines in line with the prescription. The support people required with their medicines was detailed in their care plans and people gave consent to staff if they required support with the management of their medicine. This included reordering of medicines, administration and safe storage. Staff understood the organisation's medicines management policy and procedure and followed it. They explained the process they followed to give people their medicines. They said it was important to carefully follow the instructions on the prescription. They were clear what action they would take if there was an error. For example, they would contact the pharmacist and GP for advice. Medicines administration records (MAR) were completed accordingly and notes were made in the person's daily log to show what support had been given. MAR charts were checked regularly by the management staff to ensure they were completed as required. The pharmacist we spoke with also told us that they had no concerns with the way the service managed people's medicines.

Is the service effective?

Our findings

People told us staff had the skills to meet their needs. One person said "The staff are excellent. They know exactly how to help me." Another said "They [Care staff] are trying their best to do it right. They are helpful." One relative said "Staff appear to have the skills. They care for [relative] very well." Another said "[My relative] is happy with care and I think the staff do a good job."

Staff told us they received the training, support and supervision they needed to provide effective care to people. One member of staff told us "We get loads of training to do the job." Another said "I have done many courses and if I need more I can ask." Staff told us and training records showed that staff had received training to enable them care for people in a way the met their needs. These included moving and handling, safeguarding adults, first aid, food hygiene, Mental Capacity Act 2005, medicine management, dementia care and health and safety. Staff told us that they had refresher training as required to update their skills and knowledge.

Staff told us they had completed a period of induction before they were allowed to work on their own with people. This included classroom based training and opportunities to work alongside experienced staff members. One staff member said they had an "excellent induction." Another said "The induction was useful. It helps you know how the organisation works and how to support people living here." Staff also told us that their line manager supported them in a number of ways, including one-to-one supervision meetings, competency assessments, direct observations and spot checks. Records confirmed what staff had told us and also showed that they received annual appraisal. Appraisals were used to provide support to staff in several areas including their well-being, team matters and concerns about people. These were also used to give to feedback to staff on their performance and to discuss and address performance issues and to update on organisational plans and changes. This showed that the service supported staff through informal and formal means to improve their work and deliver effective service to people.

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. 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 Deprivation of Liberty Safeguards.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

People consented to their care and support before they were delivered. Records showed that relatives had been involved in assessments and care planning process where the person needed this support to make decisions about their care and support. Staff told us it was important to involve people in every decision about their care and when supporting them in completing tasks. They gave examples of how they did this. They said if a person was refusing care, they would try various approaches such as finding a staff member

they got on better with and try offering care at different times of the day. Staff explained that if the person still refuses to consent to their care, they would involve the person's relatives and let their managers know so that appropriate process is followed to ensure the person's choices and rights were promoted. The manager told us that they would involve relevant professionals to carry out a best interest assessment if they had concerns about a person's ability to make decisions and at risk as a result. We saw completed forms used to obtain consent from people and their relatives on specific areas such as management of medicines. This showed the service sought out the best possible way to support people while ensuring their rights and choices were protected.

People were supported to meet their dietary and nutritional needs. People who required support from staff with their food got the support they required. One person told us "carers help me prepare what I want to eat." Another person said "They [staff] help me cook my breakfast and dinner." Care plans detailed the support people needed, how to support them appropriately and their dietary and nutritional requirements. Staff told us they supported people according to their needs. They said sometimes they sat with people to encourage and ensure they ate well. Staff explained that if they had concerns about people's nutritional needs or intake, they reported it to their managers who then involved the person's GP. We saw during our observation that staff encouraged someone on food supplement to take this. Staff demonstrated they understood the importance of following people's dietary requirements and recommendations from GPs and dieticians to ensure people's nutritional needs were met.

Staff worked with people's GPs, district nurses and other health professionals to ensure people's day-to-day health needs were met. For example, staff liaised closely with anticoagulant clinic to ensure people received the right amount of medicine as required. Records showed that staff worked with occupational therapist to provide moving and handling equipment for people who required them to ensure safe transfer and mobility. The recommendation from a dietician was also followed by staff for one person with poor appetite and they encouraged her to take her ensure drinks as prescribed. Staff had supported people to attend their health appointments by ensuring they were reminded and supported to attend them.

Is the service caring?

Our findings

People told us staff treated them with respect, kindness and gentleness. One person said "They [Staff] staff are kind and patient with me. They are genuinely caring. I have had no problems with them." Another person told us "I am happy here. The carers respect me. They are good." And a third person said "They [staff] are polite and cheerful. We chat and laugh." A relative told us "Everyone is so good and warm. They show interest in the job and in people."

People told us that staff were interested in them and showed them empathy. One person said "When I need help I can call and they come to help me. I don't fear that I will fall anymore because someone is around to help me." Staff explained that they knew when the people they looked after were distressed or unhappy and they always made sure they provided emotional support to them and help them feel better before they left. For example, if someone was unwell or required medical attention, they stayed with them until the GP or ambulance arrived. We observed a staff member attend to a person who was in pain and anxious. They were patient with them, reassured them, supported them with what they needed and made them comfortable before they left the person. This showed people were supported and given emotional care and support they needed when distressed or agitated.

People told us that they and their relatives were involved in planning their care and they contributed actively in how they wanted their care to be delivered. Care records detailed people's personal preferences, likes and dislikes and choices relating to how, when and who provided care to them. For example, some people had preference as to the gender of staff they want to attend to their personal care and this was respected. Staff demonstrated they understood the preferences and choices of people they cared for. Staff also showed they understood the benefits of being familiar with the backgrounds, social history, preferences and needs of the people they looked after. They said it helped them build trusting relationships and enabled them deliver care in a personalised way.

People's privacy and dignity was respected. People told us that care staff always knocked on their doors before entering their flat or rooms; and encouraged them to do as much as possible for themselves. Staff explained how they respected people's dignity and privacy when carrying out tasks. They also told us that they encouraged people do as much as they can do for themselves to promote their independence and they supported people with personal care behind closed doors.

Is the service responsive?

Our findings

People received support tailored to their individual needs. People told us that they were involved in planning their care and contributed in the meeting held with staff and professionals to discuss their care requirements before the service started providing care to them. Care records showed that the assessment covered people's needs, requirements, goals and preferences in relation to the way they wanted their care delivered. Care plans were completed following an assessment and they detailed care visit times, the duration of the visits and the tasks to be undertaken. Staff told us that they were made aware of people's care needs by the senior staff through handovers and communication book. They also were encouraged to read through care plans before delivering care. This ensured staff had the information they required to support people appropriately.

We saw that care staff delivered care to people as agreed in their care plans to meet their needs. For example, staff supported one person to manage their risk of developing pressure ulcers. They involved the district nurses and followed recommendations made. Another person care plan detailed the safe management of diabetes. People's care plans were regularly reviewed to ensure they were up to date and reflected people's wishes and care needs. People and their representatives were also involved in this process. Changes were made where necessary to reflect people's needs and wishes. For example, where people needed the time of their visits adjusted, and the duration of their visits increased or decreased, they were acted upon. People were also able to cancel the service if they wished or wanted to change care provider. This meant that people were in control to how their service was delivered and the service enabled them exercise this control.

People told us that they were given opportunities through review meetings and spot checks by senior staff to feedback and raise any concerns they about the service. We saw that the service acted on and responded to people's concerns quickly and appropriately. For example, they had investigated and acted accordingly staff following concern raise by a person about a member of staff conduct and performance. The staff member was retrained and supported through regular supervisions which improved their performance.

People knew how to raise or make a complaint. Details about how to complain were included in the handbook given to people when they started using the service. One person told us "I know how to make a complaint if I am unhappy, but I have not had any reason to." Another person said "I would make a complaint to the manager or staff and if need be take it further if I was unhappy with the service." We saw that the service kept a log of received, details of investigation carried out and outcome. People were satisfied with how they were resolved. This showed that the service ensured people were happy with the service and acted appropriately to resolve issues

Is the service well-led?

Our findings

People and staff told us that they were happy living and working at the service, however, the recent change in manager had created some uncertainty as they were not sure what a new manager brings. A new manager had just started when we visited and was still undergoing their induction period. They told us they would commence the process of registering with CQC as the registered manager when they completed their induction period. Staff said they were keen to work with the new manager to develop the service. The operations manager from the organisation was providing management support to the new manager when we visited but had now left the organisation. People and care staff spoke highly of the operations manager, team leader and senior care workers. They said they listened to them, was open to feedback and acted appropriately to improve the quality of service provided to people. They said they did their best to get it right and always willing to improve.

People told us they had regular monitoring spot checks through face-to-face visit, quarterly residents meetings and annual surveys from the service to check if they were happy with the care they received. They felt they were able to express their views and where they had concerns it was addressed promptly and resolved appropriately. We saw reports from spot checks conducted. It covered issues such as attendance/punctuality, staff conduct, quality of work, communication, health and safety and documentation. They noted comments from people about their views and improvement they wanted. The service had improved on activities provided at the service following feedback from people.

The commissioning authority conducted annual monitoring visits to review the quality of service provided. The reviews covered areas on quality of care, staff training, safeguarding, incident and accident reporting, quality of documentation, health and safety, liaison with other agencies and management of the service. The most recent monitoring was in May 2016. We saw that recommendations and actions made following the visit were been completed. For example, documents and notes logged on people's care records needed to be signed by staff making the record to show who made them in order for such records to be valid. We saw that these were now being done. Also, fire risk assessments had been completed for people.

The service kept staff updated with relevant information including changes in organisation's policies and developments in health and social care. Team meetings were held regularly with staff and they contributed in discussions and shared their views about issues deliberated. Staff told us they found the meetings useful.

The service complies with its registration requirements and sends notifications to CQC, as required.