

Housing 21 - Cinnamon Court

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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



Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

The previous inspection of the service took place on 10 December 2013 when it was found to meet all the

required standards. This inspection was announced, which meant the provider was informed two working days beforehand to ensure that key members of the management team would be available in the office.

Housing & Care 21-Cinnamon Court is a service that provides personal care and support to up to 40 people who live in their own flats within a sheltered housing scheme. The service has an office and a staff team located in the scheme. The service has a registered manager who has been in post since July 2013. A

Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People who use the service told us they were very satisfied with it. People told us the staff had asked them how they wished to be supported and kept safe when they moved into their flats. They said they were involved in the development of their support plan and making decisions about how and when their support was delivered.

People told us staff listened to their views and treated them with respect. Each person received support that met their specific needs. For example, some people had three or four visits each day from staff to support them with their medicines, personal care and eating and drinking. Other people received less support and people were encouraged to be as independent as possible.

Some people said they enjoyed attending a day centre which operated in the ground floor of the building from Monday to Friday. A hot cooked meal was available at the day centre at lunch time as well as activities such as art classes. Other people we spoke with said they liked to stay in their own flat and could easily go out to the shops or receive visitors. A 'memory group' was held for people with dementia to attend if they wished.

People told us the managers of the service knew them and regularly met with them. They said they were asked

how things were going in relation to their support and whether any changes needed to be made. People said staff were trustworthy and they received care which kept them safe.

People said they got the support they needed with their medicines and if they felt unwell staff arranged for them to see their GP or District Nurse. Health professionals told us staff in the service worked in partnership with them to ensure people's health needs were met.

People told us they had noticed staff were well trained and regularly asked them how they were and what support they need. Staff said they thought the service was managed well and they had received support and training to enable them to meet people's needs.

The service had learnt from incidents and made changes to improve the service. For example, medicine management procedures had changed following an error. The service had a complaints policy which was effectively put into practice. It had been used to document and follow up on verbal complaints that people had made about their support arrangements to ensure people received a good service.

Information we received from the local authority confirmed this positive view of the service. The local authority June 2014 contract monitoring report included information on the 10 responses they had received from questionnaires they had sent to people who use the service. The majority of people said they received a reliable service which met their needs and staff were friendly and treated them with dignity and respect.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us the service enabled them to feel safe. They said risks to their health and personal safety were assessed and staff followed the plans put in place to keep them safe. Staff were trained to identify and report any concerns about abuse and neglect and knew how to respond to emergencies.

Some people received support from staff to manage their medicines. They received their medicines safely and as prescribed. The provider had effective recruitment processes and ensured there were sufficient staff with skills and experience to care and support people safely. They also ensured staff followed infection control procedures.

Good



Is the service effective?

The service was effective. People told us they received support from well trained staff who understood their needs and knew how to care for them in the way they wished. They said they received their support as planned.

Records confirmed staff received appropriate training and support. People told us they got the support they needed to eat and drink well. The support provided varied according to people's needs.

People said that it was easy for them to arrange to see a doctor or a nurse. People received support with their healthcare needs as required.

Good



Is the service caring?

The service was caring. People said staff were very caring and always showed an interest in them and how they were feeling.

People said staff always respected their privacy and their views. Staff were trained to treat people with dignity and respect. Managers checked how staff communicated with people and ensured that positive relationships between staff and people were promoted.

Staff in the service worked in partnership with health professionals when people were at the end of life. People received support that met their needs.

Good



Is the service responsive?

The service was responsive. People told us they were involved in planning their support and they received individual support, which met their needs. People said they were asked what they could do for themselves and received support that allowed them to maintain as much independence as possible.

People were asked what they thought about the service at regular reviews of their support. Any complaints they made were followed up in order to improve their experience of the service.

Good



Summary of findings

Is the service well-led?

The service was well-led. People told us they thought the service was well run. They said the managers of the service listened to their views and acted on them. Staff told us that they were encouraged to raise any concerns and good team work was promoted by open discussion. The provider checked the quality of the service, identified areas for development and made changes when necessary.

Health professionals told us that the service had learnt from incidents and there had been recent improvements. They said the managers of the service were responsive and professional and worked effectively in partnership with them. Staff were clear about the standards expected of them and told us their managers were available for advice and support.

Good



Housing 21 - Cinnamon Court

Detailed findings

Background to this inspection

The inspection took place 6 August 2014. The inspection team consisted of an inspector and an Expert by Experience, who had experience of services for older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we received an information report from the provider about how the service operated. We reviewed the information that we held about the home and used it to plan the inspection.

We visited Housing & Care 21 - Cinnamon Court and met with eight people who used the service. Three people showed us their flats and we also checked the condition of communal facilities such as the lifts, the garden and shared living rooms. We looked at four people's care records and medicines administration records and we checked how people's medicines were stored.

We spoke to three staff members and a senior manager who was providing cover to the service whilst the registered manager was on annual leave. We saw three staff records and notes of team meetings and meetings with people who use the service.

After the inspection we obtained a copy of the provider's latest internal audit of the service and a report on the progress of follow up actions. We also received the provider's report on the outcome of their survey of people who use the service which was based on 17 completed questionnaires sent out in January 2014. We read the June 2014 local authority contract monitoring report on the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe at the service. A person said, "I have nothing to worry about here. The staff are perfectly trustworthy and I get help to keep me safe." We observed that most people wore an alarm around their necks which they could press to summon help if they were in any difficulty. A person told us a staff member would come to them straight away whenever they pressed it "night or day."

The provider had arrangements in place to reduce the risk of people experiencing abuse or neglect. Staff we spoke with knew to do if they suspected a person was at risk of abuse. They were able to explain to us how they would identify any concerns and take action to safeguard people. They had knowledge of whistleblowing policies and knew they should contact another organisation, such as the local authority, if the provider did not effectively safeguard people. Training records confirmed that staff had received training in recognising and reporting any concerns about abuse and neglect and had received regular updates on this topic.

Some people received support from staff with their shopping. They told us staff had said they had to keep records in relation to this. A person told us, "Its all above board and signed for." Records showed managers had checked that these finance arrangements were followed by staff when they undertook 'spot checks' of people's support. This reduced the risk of financial abuse.

People told us individual risks to them were assessed and plans were put in place to keep them safe. A person said, "I had a stroke and came here straight from hospital. They checked how I could wash safely." We saw their risk assessment and action plan stated, in relation to them having a shower, care staff were to reduce the risk of an accidental fall by ensuring their shower chair and walking stick were correctly placed. The person told us staff provided their support in this way.

People told us they were happy with the level of support they received and it kept them safe and their relatives agreed. A person said, "I receive the care I need at the right time. Staff seem to have time to do things properly as they should do." People told us they felt safe because there were staff on site 24 hours a day and said staff had come to them quickly if they had rang their call bell in an

emergency. Staff told us they felt they had enough time to give people the attention and support they needed. Managers said the staffing of the service was based on the needs of the people using the service.

Staff told us that, on the whole, each shift was fully staffed but on occasion there were staff shortages due to unexpected sickness. Managers said it was harder to get cover for unplanned absence due to sickness at weekends. When there was a staff shortage it meant that although people received their planned support appropriately there could be delays in on-site staff responding to people's call bells. If a person's call was not answered by on site staff it diverted to an external call handler who spoke with the caller and decided the response. At the time of the inspection the provider was recruiting more staff to work at the service with the aim of resolving this issue.

People told us they received their medicines safely as prescribed. A person said, "Staff help me with my medicines so I don't have to worry about it." Some people told us they managed their medicines themselves. Records showed people's needs were assessed in relation to their medicines to clarify whether they required any support to manage them safely and if so how much.

Staff records showed they had received training on this subject and their practice had been observed to ensure they were competent to administer people's medicines. When people were assessed as requiring full support from staff to administer their medicines their records included medicines administration record (MAR) charts. We looked at three people's MAR charts for the previous two weeks. These had been fully completed and showed whether the person had taken their medicines at the appropriate time and who had administered them. Staff we spoke with confirmed that they had not supported people to take their medicines until they had been assessed as competent to do so.

The provider followed safe recruitment practices. Three staff files showed that staff selection had been thorough. People applying for jobs had submitted a medical form and an application form with details of their skills and background. There was a record of the applicant's interview. Two references and a criminal records check had been obtained. Documents confirmed that new staff had completed an induction where they learnt about the service and their job role. There was a probation period, during which their competence and suitability was

Is the service safe?

assessed before they became permanent members of the staff. A staff member told us, "I was working here doing cleaning. When I went for this job had to go through all of the interview and references just like anyone else."

Staff told us they knew what to do in emergency situations. For example, one staff member told us, "We are taught about how to deal with a fire and other emergencies. I have had to call an ambulance for a person on one occasion and followed my training about explaining the situation to the call handler at London Ambulance, giving directions for the ambulance and keeping the person calm until the paramedics came." Records confirmed that all staff had received training on first aid and dealing with emergencies.

Environmental risks to people were assessed. Each person's records included a check on their environment with information on for example, the condition of floor coverings. Risks, such as a torn carpet which could result in

the person tripping over, were identified and a record kept of the action required to reduce the risk and when this was done. The senior manager showed us the servicing contract arrangements that were in place to ensure that equipment, such as hoists used to help people mobilise, were used safely and maintained appropriately. Staff told us they received training in using hoists and knew how to do so safely.

Staff told us how they minimised the risk of infection by following procedures which they had received training on and were also set out clearly in the provider's 'staff handbook'. They said they had a ready supply of protective clothing and gloves to wear and could easily get fresh stocks. People told us staff frequently washed their hands and used aprons and gloves appropriately when undertaking some tasks. We observed that people's flats and communal areas were clean and well maintained.

Is the service effective?

Our findings

People told us the staff who supported them were skilled and experienced. A person told us, "I can tell the staff have been trained to do their jobs well. They know what to do and how they should speak to people." Another person said, "The staff follow the support plan that explains what they should do for me. Then they write down what they have done. They do their jobs well and are well trained I think. It makes me feel calm to know they are coming."

A GP who had patients who use the service told us, "The staff seem well trained and the managers are efficient and communicate well. People seem well cared for. All the people I have seen as patients have obviously received good support with their personal care."

The provider had ensured staff had the knowledge and skills to meet people's needs. Three care staff we spoke with told us they received the training and support they required to do their jobs effectively. A staff member told us, "I have worked here for a few years. We get a lot of training. Some of it is very practical which I like. For instance, in the manual handling training we have to show we can help people move safely and use the right hoist and sling."

Staff records showed new staff had an induction period, during which they undertook training on key issues such as the principles of the Mental Capacity Act 2005, health and safety and support planning. During this time they were introduced to people and learnt how they were supported from more experienced staff members. A person told us, "New staff come in to me with staff I already know so they can learn what has to be done for me."

Staff records showed the provider had evaluated the performance of new staff after three months to ensure they were suitable for their work role. The provider had ensured that staff were trained in topics in order to meet people's needs such as health and safety, safe manual handling and infection control. Staff had received regular updates to their training. Records showed staff had received regular one to one meetings with a manager and an annual appraisal of their competence and training needs.

People told us that from time to time managers observed how staff supported them. Staff records included reports of these 'spot checks' which took place three times each year. They had information on the manager's assessment of the skills shown by the staff member and the quality of their

interaction with the person they were supporting. Managers had taken action to improve people's experiences of the service when necessary. For example, a staff member had been given advice and training in relation to engaging people in conversation as an action point from a spot check.

Staff told us they were encouraged to raise any difficulties they had in relation to people's support with their managers. A staff member told us, "I get regular supervision and support and the managers are very approachable and encourage us to tell them about any problems." During the inspection we observed staff called into the main office to speak to a manager about any concerns they had in relation to people's care and support.

People told us they got the support they needed to have sufficient food and drink. A person told us, "I get a good cooked lunch each day and help with breakfast and tea. I am well looked after when it comes to food and drink." People's records showed their needs in this area were assessed. For example, there was information on whether the person required support with shopping for food and meal preparation. When people required support with eating and drinking there was detailed information about how staff should do this. For example, some people with dementia required support to choose a healthy balanced diet.

Staff explained to us how they supported people to choose from a range of suitable foods and encouraged healthy eating. A staff member said, "I suggest they have some fruit because it's good to have roughage." People's records included information on their food allergies and whether they had any medical conditions, such as diabetes, which affected their healthy eating options. People's diverse cultural needs in relation to their diet were also noted and taken into account when their support plans involved meal preparation or shopping. A person told us, "Of course, because of where I came from I prefer certain things to eat and that's what they get for me."

A member of staff told us they had received training in food hygiene and healthy eating for older people. Staff training records confirmed this. They also explained they had been reminded of the importance of encouraging people to drink more fluids in the recent hot weather. Care records showed staff were alert to changes in people's weight and had made appropriate referrals to their GP for further assessment and advice. The manager told us when people

Is the service effective?

developed complex needs, for example if they were at the end of life, the service worked closely with the GP, district nurses and other specialist nurses to monitor their food and drink intake and take appropriate action in relation to their nutrition.

People we spoke with told us staff asked how they were feeling. They said that if they were unwell they easily obtained appropriate care and treatment. A person told us, "It's no problem to see a doctor or a nurse. We just ask the staff and its set up. It's very good." During the inspection a local GP who was visiting their patient told us, "The surgery is able to work well with the staff here to get things right for people. Communication is good and when there are problems we are able to overcome them for people's benefit."

People's records showed that when necessary staff supported them to make and attend appointments with for example, their dentist, optician or medical specialist. Staff told us they were trained to be alert to any changes in people's health. A staff member told us, "We know people well and we always ask them how they are feeling. We can tell if they are unwell and need to see a doctor. Some people have particular medical problems that come back again, so we know what to look out for. If they have dementia we are extra careful and on the lookout for signs like someone being very sleepy or going off their food."

Is the service caring?

Our findings

People told us they had got to know the staff who supported them and they were kind and treated them with respect. For example, a person said, "All the staff are nice – night and day. They always ring my doorbell and asked each morning if I have slept well and feel OK. It may not seem much but it means a lot to me, another human being asking."

People told us they were warmly received by staff and "treated like royalty" and "like a film star". A person's relative told us, "The staff are lovely people - they love [my relative] and listen to them." The service had received a number of compliments in 2014 about the support people received. For example a note from a person's relative said, "Cinnamon Court is a very caring place for the elderly."

A person told us, "When they come in to help me we have a little chat. We know each other well now. It's not the same person that comes to me every time but a few of them. But I know them all and they are all very polite." Another person said, about the staff, "Very nice young ladies, they always ask me if I am well and happy – they know me and what I cannot do – so they do it for me – yes with dignity and respect – I say love."

Staff told us the provider trained them to treat people with dignity and respect. A staff member said, "We must always remember it is their flat. We must ask for their permission before we come in and before we do anything and keep checking that they are happy with what we are doing." Records showed all staff had signed to indicate they had read the provider's 'staff handbook' which explained the organisations expectations in relation to respecting people's privacy and confidentiality.

People told us they were fully involved in deciding their care and support. A person told us, "They came to see me in hospital, my relative was there too. They asked all about me and what help I thought I needed. When I moved in they went through everything again. It's all as I want it. There are no problems at all." Another person told us, "If you need help you get it. If you don't you don't. Everyone here is different."

Four people's care records had evidence they had made decisions about their care. For example, they or a relative who acted on their behalf, had signed their support plan and reviews of their support. In some instances changes had been made to the way people were supported in response to their feedback. For example, the timing of a person's visits had been changed in response to their views.

Managers checked people were treated appropriately during 'spot checks' when they observed staff supporting people. Staff records showed managers took action to ensure staff built positive relationships with people. For example, a staff member had been observed by a manager, and then given further advice and training in relation to how to initiate conversations with people whilst they gave them support.

The provider obtained information about people's backgrounds and interests. Staff told us they found this especially important in the case of people with dementia as it enabled them to make a connection with them. A staff member told us, "[Person's name]'s relatives have written a note all about their history, where they grew up and their children and so on. It helps to know that when it comes to talking to them."

Staff told us the service sometimes provided support to people who are at the end of their life. They said they worked in partnership with the person's GP and palliative care nurses to ensure the person had good quality care, which met all of their needs. During the inspection we spoke to a GP who was visiting their patient who was receiving end of life care. They told us, "The staff here are very good. They are learning and developing their skills all the time in relation to people with high dependence. They have been able to work in partnership with me and other health professionals to ensure [person's name] is as comfortable as possible. Currently the person is pain free. They are giving them all the attention they need." The person's records included regular observations by the staff of the person's health condition and evidence that any changes had been reported to health professionals in accordance with their end of life care plan.

Is the service responsive?

Our findings

People were very positive about the service and said they received support that met their individual needs. They also told us staff did not do things they could manage themselves, which they appreciated as they wanted to be as independent as possible. A person told us, "I get help four times a day. I get the help I need – no more, no less. It's A1 in every respect here and I have not had one bad experience."

People's support plans explained what activities they managed independently and the support they required and how staff should deliver it. For example, a person's plan said, "I will assist myself with personal care and getting dressed. I self-medicate but would like support to order medicines, keep my hospital appointments and tidy my flat." The person told us they received their support in this way. People's records showed managers regularly reviewed people's support plan with them. Managers used these meetings to gather people's views of the service and make improvements.

People told us staff asked them about their interests and supported them to participate in activities of their choice. The provider organised regular meetings with people to gain feedback about the service. Notes of these meetings showed that people were happy with the support they received.

Staff understood the principles of the Mental capacity Act 2005. They told us how they supported people who may lack mental capacity to make decisions about their care. They said they took time to explain things to people and if necessary repeated things to involve them as much as possible in making choices about their support. For example, a staff member said, "I get different clothes out of their wardrobe so they can choose what to wear by pointing." They said that mostly they were able, by using such skills, to enable people with dementia to make

decisions about their day to day care. They told us that on occasions, such as when a decision needed to be made about whether a person with dementia should move to a residential care home, their family and health and social care professionals were contacted by the service. An assessment of the person's mental capacity to make the decision about moving was carried out by the social worker and if appropriate, a 'best interests' decision about this was made involving their family and professionals who knew them.

People we spoke with said they had received a leaflet and seen notices about the provider's complaints procedure but had not used it. Managers told us that historically the rate of 'official' complaints at the service was very low, which gave the provider limited opportunity to learn from them and improve the service. We saw that since January 2014 two issues raised by people at their review had been documented as complaints. For example, during a review of their support, a person had told a manager they were not happy with the way they were spoken to by one staff member. Immediately changes were made and they received support from different staff whilst the matter was investigated. The issue was documented as a complaint and at the time of the inspection managers were investigating the matter.

Some people we spoke to had moved directly to the service from hospital. They said this had gone well for them because the managers of the service had met with them whilst they were in hospital and spoken to them about their preferences and needs. A person said, "My care was worked out before I came, so from day one it worked out." People's records included detailed information on their health conditions and backgrounds which enabled staff at the service to support them appropriately. A person told us they had gone into hospital for a short period and returned to Cinnamon Court. They told us, "It all worked well and I was so glad to be home again and getting the help I needed."

Is the service well-led?

Our findings

People told us they thought the service was well run and had a cheerful atmosphere. People's comments included, "The staff seem to be happy in their work", "The managers come round and ask me whether everything is OK" and, "Everything here is A1 so the management must be good." They told us the service enabled them to lead their life as they wished and the support they received meant they felt safe and relaxed.

Staff we spoke with said they were aware from their 'staff handbook' that the provider's core value was to "enable a good later life." They told us that they were supported by managers of the service to consider how to improve people's quality of life. Team meetings were held regularly and notes showed staff were encouraged to raise any concerns about how people's support was provided so they could be resolved.

Staff were clear about their responsibilities. For example, it was noted on the top of the form used by staff to record people's daily notes that they could not write 'all care given' but had to write what support the person had received and how they were. We noted daily records had been fully completed and people told us they appreciated being asked how they were on each visit. Staff told us they were aware of the standards of behaviour expected of them through the 'staff handbook' which included for example a section on 'professional boundaries.' Staff records evidenced managers had taken effective action when there were any concerns about the performance of individual staff in relation to the expected standards.

The managers of the service were well regarded by people, staff and health and social care professionals. Staff told us they felt happy to raise any concerns with their managers who were easily accessible and based on site most of the time. Managers told us they knew all the people who use the service and we observed during the inspection that they stopped to chat to people as they walked around the building.

The registered manager and senior carer were said by staff to be capable and available to deal with day to day issues. The registered manager was on leave at the time of the inspection and a senior manager colleague was providing additional support at the service. This manager was familiar with Cinnamon Court, the people who lived there

and the staff team. Staff and people who use the service told us this management cover system worked well and they also had good 'on call' arrangements out of hours so they could easily access advice. A health professional told us the current registered manager who had been in post for year had made positive changes to the service.

Staff told us that managers of the service had worked in partnership with a dementia charity to develop a 'memory group' for people at Cinnamon court, with the aim of giving them an opportunity to socialise. A member of staff had been trained by the charity to develop their skills in group work with people with dementia. They now organised this weekly group, where, for example, people watched and talked about old films.

The provider had good arrangements in place to check the quality of the service, identify any shortfalls and make improvements. An audit of the service had taken place in 2014 which had identified a number of areas for improvement. An action plan with timescales had been developed from this to ensure people had a better experience of the service. For example, there was a recommendation that each person's support plan was checked to ensure it was up to date. The

provider sent people a questionnaire about the service in January 2014. We saw the report on outcome of the 17 responses which had been received. This indicated a good level of satisfaction with the service.

The service had learnt from incidents and made changes to prevent a recurrence. For example, after an error in relation to medicines administration in September 2013, the service had introduced additional safeguards to ensure people were safe. This involved specialist training for staff and additional checks to ensure people always safely received their medicines as prescribed.

It was clear that the service worked well with health organisations. A GP and a district nurse told us they found it easy to communicate with the managers of the service who were responsive. They said they were able to work together to ensure people with complex needs received well-coordinated support from different agencies.

People told us communication was good. They told us they knew all the staff that worked in the service and knew what to expect in terms of their support. Staff told us they were trained to always tell people what was happening when they supported them. They said they received feedback on

Is the service well-led?

their work performance from their managers after spot checks were carried out. They said that managers were encouraging and wanted them to develop their skills and enjoy their work. Records of one to one meetings showed managers encouraged staff to raise any concerns about team work and took action to resolve them.

The local authority had written a report on the quality of the service in June 2013. This included feedback from 10 people who used the service. The majority of people said they received a reliable service which met their needs and staff were friendly and treated them with dignity and respect.