Reading Borough Council

Charles Clore Court Extra Care Sheltered Housing

Inspection report

139 Appleford Road
Reading
Berkshire
RG30 3NT

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Date of inspection visit:
08 July 2016

Date of publication:
02 August 2016

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 8 July 2016 and was announced. Charles Clore Court Extra Care Sheltered Housing is a domiciliary care agency. Support is provided to people living in the Charles Clore Court Sheltered Housing Scheme. The Extra Care team assist people with a variety of needs. The service operates from an office within the housing complex. At the time of the inspection they provided personal care to 29 people.

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 2008 and associated Regulations about how the service is run.

People were happy with the service they received and said they felt safe. Risks assessments were undertaken and where identified, risks were managed effectively to keep people and staff safe.

Staff had received training in safeguarding people and were knowledgeable about the signs and symptoms which may indicate abuse. They knew the reporting procedure to raise alerts if they had concerns regarding people's safety. Staff were confident that issues reported were taken seriously and dealt with promptly.

Staff received on-going training and support and were encouraged to gain recognised qualifications. There was an open door to the registered manager and extra care co-ordinator. Staff felt they could seek advice or raise concerns whenever they needed to and they would be dealt with. Staff skills were checked to help ensure they were competent to care for people effectively.

Medicines were managed safely and audited regularly. Where people required support with their medicines this was provided by competent staff who ensured they received their medicine at the appropriate time.

People's rights were protected. Staff understood their responsibilities in relation to gaining consent before providing support and care. People had been involved in planning and reviewing their care. They felt their decisions were respected.

People were treated with kindness and compassion by friendly open staff. People's dignity was respected and they were supported to remain as independent as they wished.

Communication in the service was efficient and staff were promptly provided with up to date information concerning people's care. When necessary staff contacted healthcare professionals to seek advice regarding people's well-being.

Audits and regular feedback from people enabled the registered manager to monitor the quality of the service.

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.

People were kept safe by staff who understood safeguarding policies, procedures and reporting requirements. Risks were identified and managed.

A robust recruitment procedure helped to ensure only suitable staff provided care to people using the service.

Medicines were managed safely and people received the support they required to take their medicines.

Is the service effective?

Good

The service was effective.

People's rights to make decisions were protected. Staff gained people's consent before providing care.

Staff were trained appropriately to enable them to provide safe and effective care for people. Staff support was provided through regular one to one meetings, annual appraisals and team meetings.

Staff monitored people's nutrition and sought professional advice with regard to people's health and well-being when necessary.

Is the service caring?

Good

The service was caring.

People were supported by care staff who knew them well.

People were treated with kindness and compassion. They were respected and encouraged to be as independent as they wished to be.

People felt listened to and involved in their care. Staff maintained the confidentiality of people's personal information.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responsive to people's needs.

People were involved in planning and reviewing their care.

Feedback about the service was encouraged and people knew how to make a complaint or raise a concern if necessary.

Is the service well-led?

Good

The service was well-led.

There was an open culture in the service. Staff felt supported by the registered manager and the extra care co-ordinator. They were confident they would listen and take action when necessary.

People said management of the service was good and they were kept informed and included in developments in the service.

The quality of the service was monitored.

Charles Clore Court Extra Care Sheltered Housing

Detailed findings

Background to this inspection

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

This inspection took place on 8 July 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they are required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who use the service. We also spoke with the registered manager, the extra care co-ordinator and two members of care staff. We attended a shift handover between staff and made general observations of staff interacting with people. We received feedback from a professional contact and we reviewed the responses of two people to a survey sent by CQC. We looked at records relating to the management of the service including five people's care plans and four staff files. We also reviewed a selection of policies and procedures, the complaints/concerns log, the training matrix,

quality assurance audits and accident/incident records.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. They said they the care staff helped them stay safe and commented they were happy with the service they received. One person said "yes, I do feel safe here" while another told us, "(it is) fine, no problem". They also told us they knew who to speak to if they ever felt unsafe. Staff were clear about the importance of people's safety and gave explanations of how they work to maintain people's safety. For example one told us, "We have a checklist we follow every evening to make sure the scheme is safe for the night." Another spoke about being observant and said, "We report anything of concern straight away." During the inspection we observed staff reported concerns promptly and action was taken to resolve these concerns. For example, one care staff reported a change in the health of a person they had been supporting. The doctor was contacted immediately to organise a visit.

People had their individual risks identified and assessed. These included risks associated with moving and handling and managing medicines. There were specific guidelines provided for staff to follow so that identified risks were minimised. A risk assessment of each person's home environment had been carried out and where risks had been noted they were highlighted to care staff. Staff told us they were made aware of these risks before they provided care to people. Staff also told us they made observations at each visit to identify any changes or new risks. When changes had been reported action had been taken to reassess the risk. Care plans were then updated to reflect any changes. Staff confirmed that information concerning changes was communicated throughout the care team via handover meetings and the message book.

The service made good use of technology with a system called 'Telecare' to minimise risks to people. For example door sensors alerted staff to people leaving their flats if that presented a risk to them. This meant staff could check on the person and assess if additional support was required.

Staff were able to describe their responsibilities with regard to protecting people from abuse. They had received training in safeguarding vulnerable adults and the registered manager told us they had recently introduced safeguarding case studies for staff to complete. The case studies were used to check the knowledge and skills of the staff in relation to safeguarding people. Staff showed good knowledge of the types of abuse people may be subject to and the signs that may indicate abuse. For example, unexplained bruises, changes in people's mood or not being able to pay their bills. Staff told us they would report concerns to the extra care co-ordinator or the registered manager straight away and they were confident appropriate action would be taken. When required, the registered manager had raised safeguarding alerts with the local authority safeguarding team and appropriate investigations and actions had been undertaken. Staff understood the whistleblowing policy and said they would have no hesitation to use it if necessary. Posters with information about abuse were displayed around the service for people and staff to refer to if they were concerned.

The recruitment procedure was robust. Checks carried out on prospective staff included a Disclosure and Barring Service (DBS) check which ensured they did not have a criminal conviction that prevented them from working with vulnerable adults. References were taken up to establish behaviour in previous employment and reasons for gaps in employment history were explored. Records were also kept for agency

staff employed at the service. These records included the recruitment checks carried out and the training the staff had undertaken as well as photographic identification.

We were told that the service is currently undergoing a tender transfer and will move to a new provider later in the year. Due to this there had been no new staff recruited since the previous inspection. However, we found there was a stable core of staff at the service who remained focused on the safety and welfare of the people using the service. We reviewed the duty rota for the four weeks up to and including the week of the inspection and found there were sufficient numbers of staff to meet people's needs safely. When agency staff were used they were always provided by the same agency and it was the same staff that worked on a regular basis. The registered manager stressed this was important in order to provide consistency for people using the service. Staff felt they had sufficient time to deliver care in the way people wanted and they told us they would ask for a review if people needed extra time.

A mobile telephone call system was operated in the service. This meant staff could contact each other, people were able to ring for help and staff could contact senior staff if necessary. A night service was operated by the provider to provide back-up out of office hours. Staff confirmed they could always seek advice and support whenever necessary.

Accidents and incidents were recorded and monitored. They were reviewed by the registered manager and then sent to the provider's head of health and safety for review and monitoring of trends. We saw appropriate actions had been taken to refer people for falls assessments and occupational therapy assessments when concerns had been identified.

Staff were able to describe the action to take in the event of an emergency and during the inspection we saw staff acting in accordance with the provider's policy when the fire alarm sounded. The provider had a robust emergency continuity plan with associated risk assessments for dealing with emergencies. An emergency bag was prepared with such equipment as torches and essential contact details. These plans provided staff with guidance to ensure the service would continue to meet people's needs should an emergency situation arise.

Medicines were managed safely. Medicines administration records had been completed fully and were audited four weekly. Staff received training in the safe management of medicines which was refreshed regularly in accordance with the provider's policy. Staff told us and records showed they had their competency in managing medicines tested annually. The registered manager said they encouraged staff to be open and honest when medicine errors occurred and staff confirmed this was so. There had been five medicine errors in the last year, they had been investigated and when appropriate action taken to improve practice.

Good

Is the service effective?

Our findings

People received effective care from staff who had completed a full induction programme and mandatory training as detailed in the providers training policy. In addition they had received specific training focused on their job role and/or the people they supported. For example, management of complaints for those in a senior position and/or dementia awareness if they supported people living with dementia. The provider encouraged staff to gain nationally recognised qualifications. Twelve members of the care team had either a level two or level three qualification in health and social care. Staff felt they had received enough training to support them in their role and told us they were given reminders of when refresher training was due. We reviewed the training records which showed that most staff were up to date with their training. Where refresher training was due, this had been booked. Staff had the opportunity to discuss their training needs during one to one supervision meetings with their manager.

Staff told us they felt well supported and had regular one to one meetings with their manager. They were able to use these meetings to reflect on their work, discuss concerns and make suggestions. Annual appraisals were also carried out. However, the registered manager told us the appraisals had been delayed this year due to the tender transfer process. They explained that appraisals will be conducted with each staff member as the time for transfer approaches. This was to enable staff to discuss their individual development, in preparation for the handover to a new provider. Staff said they were supported in all aspects of their role, one said, "I know I can always go to [name] and they will listen." Another said they could always rely on the registered manager for support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA. People's rights to make their own decisions were promoted and staff were aware of their responsibilities to help and support people in making decisions for themselves. They told us they sought consent from people before they offered care and if they had concerns regarding a person's mental capacity they reported it. People confirmed they were asked to give their consent to the care and support provided. Staff had a good understanding of working with people who had fluctuating capacity and gave us examples of how they negotiated with people when they refused care offering different options or returned at a different time to offer support again.

Most people either made their own medical appointments or were assisted by relatives. However, people told us staff would call a doctor or another health professional if necessary. We observed staff calling the GP for one person during the inspection because concerns had been raised by the staff member supporting them that day. Care records showed staff supported people with appointments when necessary and outcomes of appointments were recorded. Care plans had been updated to reflect changes in people's health.

People were supported with their nutrition when it was part of their assessed care needs. Staff assisted people to choose what they wanted to eat and drink when they required support. Some people needed staff support to get to the restaurant within the scheme to enjoy their meals and this was provided in a timely way. People's nutrition was monitored when necessary. Staff recorded what people ate and drank and any concerns were raised with health professionals appropriately. People said staff would leave snacks and drinks for them if they wanted them to. One person said, "Yes, if I want anything they get it out for me, I cannot complain." Staff had received training in safe food handling practices.

Good

Is the service caring?

Our findings

People described staff as "caring and they do everything for us", "very good," "very helpful" and "friendly". During the inspection people came to the office to speak with staff and we observed they were greeted in an open, polite and welcoming manner. People appeared relaxed when talking to staff and the rapport was friendly with jokes and laughter shared between them.

People appreciated having regular care staff who visited them and had some concerns about the pending tender transfer. One person said they liked the staff and hoped they would stay when the transfer took place. They told us they had been kept informed about the transfer but never the less it was unsettling.

The staff provided care sensitively with regard for each person's wishes and personality. They explained what they were doing when they supported people. One told us, "You must always tell them what you are doing." Staff knew people well and could describe how people preferred things to be done. Staff explained how they spent time reading the care plans to get information about people initially and then built on this as they worked with people. This information was then shared with the team and enabled support to be given in the way the person wanted. People confirmed staff asked them how they liked things done.

People told us they were offered choice and staff consulted them about everyday decisions including what they would like to do, preferences for their meals and what they wished to wear. People also said they were encouraged to do things for themselves. For example, one person commented, "oh yes, they help me out, but I try to be independent myself." The registered manager emphasised that the service supported people with their independence. They gave examples of how they have worked with people to regain independence after a period of illness or injury. These included regaining confidence in mobility, completing forms and choosing items for their flat. Some care visits were planned in two parts to allow time for people to be as independent as possible. For example, the care staff would attend to set up the requirements for personal care and then leave the person to do as much as possible before returning to assist with whatever the person had not been able to complete.

Staff respected people's privacy and dignity. We observed staff knocked at people's front doors or rang the bell before using the key to let themselves in even if that was the agreed method of access to people's flats. Staff gave examples of how they provided privacy and dignity when supporting people with personal care. These included making sure people were covered appropriately, closing doors and pulling curtains. People said staff treated them with respect. One commented "oh yes, they are all so good" and another "oh yes, I have no complaints about that."

People's cultural and spiritual needs were noted and respected. Sensitive personal information was stored confidentially either in the person's own flat or in appropriate filing cabinets in the office which were locked when staff were not present.

Good

Is the service responsive?

Our findings

The service was flexible and responsive. People's care plans included 'flexi time' which allowed the opportunity for staff to assist and support people to various activities in the scheme. There was a weekly timetable of activities available to people organised by the housing provider. During the inspection we saw people supported to take part in flower bingo and sports club.

People's needs were assessed prior to a service being offered. People told us they were involved with assessments. Families had also been involved when people had wanted them to be. People told us they had a review every six months and they were asked for their opinion on how the service was meeting their needs. The registered manager explained that as part of the planning for the tender transfer each person was being fully reviewed. This was to ensure the most accurate and up to date information had been captured to hand over to the new provider.

Assessments included details of people's preferences, personal history and when appropriate their medical history. Once they had been completed, assessments were used to plan a person's care. The care plans developed provided detailed information to enable staff to deliver personalised care to the people they supported. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan. People told us they received the care and support they needed. Comments included, "Yes, definitely." and "I should think so."

Staff used the care plans to help them understand people's needs. Changes to a person's care plan were communicated promptly both verbally during a handover at the beginning of each shift and via written communication in the care notes and the staff message book. During the inspection we attended a handover between staff and noted each person receiving support was talked about individually. Key information about people was stressed and opportunities were given for questions to be asked to clarify this.

Feedback was sought from people using the service. A person told us they had recently completed a survey and commented "they are concerned (about) what we think". They went on to say they could put suggestions forward and they felt the management listed to them, "Absolutely, they listen to me and we do discuss it, no complaints." The most current quality survey carried out in June 2016 had produced mostly positive comments from people. These included, "Very nice, kind, polite." in response to being asked about care staff and "very happy with care". One person had commented that they felt rushed but this was not reflected in any of the other responses. The registered manager was still analysing the results of this survey but had begun to follow up any issues raised by contacting people for more detail.

The service had a robust complaints policy and procedure. No formal complaints had been raised since the last inspection but four concerns had been recorded. These had been investigated and responded to. However, the outcome had not been recorded to indicate if the person had been satisfied with the response. The registered manager had identified this as a shortfall and agreed they would be recorded in future. People told us they knew how to make a complaint if necessary but said they had not needed to. The

registered manager told us that if people had a concern they would usually come to the office or bring it to the attention of staff straight away. As they had daily contact with people they were able to resolve things very quickly.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who had been in post since April 2016 when the previous manager left. We found there to be an open and welcoming atmosphere in the service. People and staff clearly felt at ease approaching the registered manager and the extra care co-ordinator. We observed both of them engaging with and advising people and staff on a variety of matters throughout the day.

Staff spoke positively about the registered manager and told us they felt she listened and supported them in their role. They said they could ask for advice or raise concerns and they would be listened to and were certain appropriate action would be taken to deal with any issues. People also spoke positively about the management of the service and complimented both the registered manager and the extra care co-ordinator.

Meetings were held for the staff approximately every three months and staff felt they were useful. Meetings provided the staff team with time to come together and share ideas. Important matters about all aspects of the service were discussed at these meetings. For example, updates on the tender transfer, quality assurance, training and matters relating to the people using the service. Staff told us they shared ideas of how best to support people and exchanged views with other staff. We noted the registered manager had thanked staff for their continued support during the period of change and reminded staff that her "door was always open". One member of staff told us they sometimes found it difficult to attend staff meetings. However, they felt they were always kept informed by reading the minutes and speaking with the other staff.

Most people said they felt the staff team was happy working at the service. One commented, "I see them chatting away and smiling, everything is good." However another person did not always feel the staff were happy. This view was not reflected by other people and they did go on to tell us "but yes, the job is done".

The culture of the service focused on supporting people to live as independently as possible in their own flats. The service held a set of values that included excellence, caring and teamwork which the staff were committed to. The registered manager told us the staff remained committed to the people they cared for despite the uncertainty they faced at the present time. Staff spoke about always doing their best for people and working together as a team to deliver personalised care. One member of staff told us "it's good team working here" and another "(we) have a happy environment, the staff get on".

There were systems in place to monitor the quality of the service. Audits were undertaken by the registered manager and the extra care co-ordinator on a regular basis. They included the auditing of care plans and medicine records and systems. Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the care people received. There were policies and procedures in place which covered all aspects relevant to management of the service.

The provider and registered manager worked closely with the housing provider to ensure the best outcomes for people. A professional from the housing service told us the provider and registered manager engaged effectively with them to resolve any issues that arose. This meant people benefitted from services that co-

operated with each other.