

Housing & Care 21

Housing & Care 21 - Anvil Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 13 June 2017. The inspection visit was unannounced. This was the first inspection at this service as it was registered with CQC on 18 February 2015.

Anvil Court is an extra care scheme for older people. Extra Care Housing is housing designed to support older people within their own flat. They support people who need varying levels of care and support available on site. People who live in extra care housing have their own self-contained homes, their own front doors and a legal right to occupy the property. On the day of inspection there were 33 people living at the service.

During the inspection we met 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.

People felt safe at were safe at Anvil Court. People did not always receive their care and support at times that suited them. This was particularly evident during the mornings. We recommended that the provider reviews the way in which staff are deployed to address this.

Risks of harm to people were identified at the initial assessment of care and staff understood what actions they needed to take to minimise risks. Staff understood people's needs and abilities.

People were supported by staff who understood the signs of abuse and their responsibilities to keep people safe. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

People were supported with the medicines safely. Staff were confident and had the knowledge to administer medicines safely. They knew how to support people to take their medicines safely and to keep accurate records.

Staff felt they received the training and support they needed to meet people's needs effectively. Staff felt supported by the management team.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS. When people lacked capacity the best interest process was followed.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People praised staff for their caring nature. Staff were kind and respected people's privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People received person centred care and people were supported with activities which were meaningful to them and were in line with their interests and preferences.

People knew how to complain and were confident any complaints would be listened to and action taken to resolve them.

The provider audited the care and support delivered and sort feedback from people and relatives regarding the support received. Despite having audits in place at times people's care plans and risk assessments did not reflect their needs. The impact of this was low because from our observations people were receiving the care and support they needed. Since the inspection improvements have been made in this area.

The provider understood their responsibilities in terms of notifying CQC of significant events at the service. Staff support people in line with the organisational values as support was centred around increasing people's independence.

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 protected from harm by staff who were recruited safely and had a good understanding of how to report safeguarding concerns.

Staff could identify and minimise risks to people's health and safety.

Accident and incidents were recorded and staff understood how to report suspected abuse.

The service had arrangements in place to ensure people would be safe in an emergency.

Medicines were stored, managed and administered safely.

Is the service effective?

Good ●

The service was effective.

The requirements of the Mental capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

Staff had the skills and training to support people's needs and staff felt supported.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful. They treated people with dignity and encouraged them to maintain their independence.

Staff took into consideration people's communication needs and

involved them in daily decisions about their care and support.

People were supported by kind staff who knew them well.

Is the service responsive?

Good ●

The service was responsive.

People's care was person centred and care planning involved people and those close to them. People were supported to enjoy activities.

People's needs were assessed and reviewed to ensure they received appropriate support. Staff were responsive to the needs and wishes of people

People knew how to make a complaint and were confident any concerns they had would be acted on.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

People did not always receive support when they wanted it.

Care plans did not always reflect the needs of people.

The provider audited the care and support provided.

Staff knew and understood the organisational values which were reflected in the support we observed.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 June 2017 and was unannounced. This inspection was carried out by two inspectors.

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. Before the inspection people were also given the opportunity to fill out a survey about their care and support. 12 people filled these out.

We reviewed the information we held about the service. We looked at information received from relatives, social workers and commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law.

We observed care and support being provided in the lounge, dining areas, and with their consent, in people's flats. We also observed people receiving their medicines and spent time observing the lunchtime experience people had.

During the inspection we spoke with six people, one relative, four staff, the administrator, a team leader, the registered manager and the regional manager. We reviewed six people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks

the management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

People said they felt safe at Anvil Court. One person said, "Yes I feel safe with the carers coming in".

People were supported by staff who were able to describe different types of abuse and how to report suspected abuse. This meant staff had the knowledge to keep people safe if they had concerns for their safety. All of the people that completed our survey said they felt safe from harm and abuse. A staff member said, "I would report (any concern) to the manager, police or CQC. I would also record it." Another member of staff said if they were concerned for anyone's safety they would, "Go and see the manager or speak to head office." The provider had raised safeguarding alerts with the local authority when abuse was suspected and had taken steps to address any concerns.

People were supported to keep safe from harm because staff could identify and minimise risks to their health and safety. Several risks had been identified by staff and were being appropriately managed. These risks included, falls, people wandering and risks to people when moving and during personal care. One person said that before they have a bath, "They (staff) test the water to make sure it's the right temperature for me." When asked how they would support a person who had fallen a member of staff said, "I'd make sure they are safe and comfortable. Make sure they can get up by themselves, if not call an ambulance. We have a no lifting policy. I would check the person for injuries or bleeding." When people had fallen they had received safe care and treatment from staff. The registered manager explained that the staff make people safe in their own environment. She said, "People still have their independence but staff manage their needs and give them a better quality of life."

People lived in a safe environment because accidents and incidents were recorded and monitored by the provider. This meant that they could identify any patterns or trends and take action to prevent further incidents. When a person had three falls in the same month measures were put in place to reduce the risk to them. These measures included a pendant alarm and additional checks. Staff had completed first aid training and helped people if they had an accident.

Risk assessments had been undertaken on the home to ensure it was safe for people, staff and visitors; this included a premise health and safety risk assessment. Annual safety checks included items such as general lighting, power circuits and PAT testing. Generic risk assessments were in place that covered areas such as infection control and first aid.

People would be protected in an emergency because arrangements were in place to manage their safety. There was an on call system in place so management would be alerted if there was an emergency situation out of hours. We saw from the on call report that management would come out during the night if needed. For example, the registered manager came out when paramedics were called for a person. The service also had a contingency plan, which listed the actions staff needed to take in the event of an emergency. Each person had their own personal emergency evacuation plan, known as a PEEP, which explained the safest way to support someone to evacuate the home in an emergency. These plans were person specific and took support needs and risks into account. Staff had knowledge of these procedures and knew how to keep

people safe during an emergency.

There were times during the day where people said they were not receiving care and support when they wanted it. We spoke to the registered manager about this and they explained that staff supported people with the greatest needs first. The registered manager explained this is how they managed risk. The provider had ensured that only fit and proper staff were employed to support people. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. People received their medicines in a safe way. People were supported with their medicines by staff who had received medicine training and regular medicine competency assessments. Staff had knowledge about people's medicines and what they were prescribed for.

People said they were given the time needed to take their medicines safely. People had written protocols in place for receiving medicines on an 'as needed' (PRN) basis, which were reviewed regularly. Staff checked that people had taken medicines before signing the medicines administration records (MAR) to ensure that records accurately reflected the medicines people were prescribed.

Medicines were stored and disposed of in a safe way. Medicines were locked in a secure cupboard. Regular medicine audits were in place and the MAR charts showed all prescribed medicines were signed as being taken by staff trained to do so.

Is the service effective?

Our findings

People were supported by staff who were trained to meet their needs. Members of staff said they had the training to carry out their roles effectively. Training courses were a mixture of e-learning and face-to-face courses, which of which were run in-house. Training courses covered areas such as the Mental Capacity Act, first aid, safeguarding and pressure sores awareness. One member of staff said, "Training is very good. We do practical training, fire and moving and handling." Another member of staff said, "We have started dementia training and diabetes, health and safety, moving and handling and safeguarding." Due to this during the inspection staff came across confident in what they were doing

People were supported by staff who received an induction to their role, the people and the home. The induction included shadowing with experienced staff. New staff were supported to complete the Care Certificate. A member of staff said, ""All new starters do the care certificate." The Care Certificate is a qualification that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

People were supported by staff who had regular supervisions (one to one meeting) with the registered manager. Staff supervisions followed observations of care, which were carried out by management. Supervision was used as an opportunity to discuss the observations and give feedback. We saw examples of this. The supervision meetings gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. A member of staff said, "We have one to one's every 3-6 months and an appraisal. We talk about sickness, training, any issues we have."

We looked to see if the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people could not make decisions for themselves the process to ensure decisions were made in their best interests was followed. Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One member of staff said, "We always assume someone has capacity, if they don't we have a best interest meeting. We look at the least restrictive options." Throughout the inspection people were asked by staff if they consented to care and support before it was given to them. People were observed to be supported to make decisions with all aspects of their care. A member of staff said, "I always give people choices. Ask them what they want to wear and eat. Even if it's what I know they want, I always ask."

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for a care home are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the

registered manager had worked with the local authority to ensure that applications were made to the court of protection. At the time of the inspection all applications were still being processed by the local authority. Whilst they waited for them to be agreed staff supported people in line with the application that had been made.

People's nutritional needs were met. The menu contained a variety of nutritious meals. People told us they enjoyed the food. People were supported by attentive staff who gave enough time for them to eat and enjoy their meals and checked if they wanted more. Staff were aware of people's dietary needs and preferences.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in people's health needs by supporting people to attend healthcare appointments, such as to the dentist, podiatrist, opticians or doctor. People had regular health reviews with their GP and their medicines were reviewed at least annually. People had health action plans, which help monitor the health input they received.

Is the service caring?

Our findings

People said that the staff at Anvil Court cared for them well. One person said, "I feel like they are part of the family. I feel so happy, I wouldn't want to leave anywhere else. They are brilliant, a lovely lot of staff. All happy and friendly." Another person described staff as, 'Brilliant.' A relative said the staff were, "Such happy and good crew. We can't wish for better." A member of staff said, "I love what I do, I like giving back something to people."

People that filled in our survey described staff as, 'Lovely', 'Excellent,' and, 'Very good.' 100% of people who completed our survey described staff as caring and kind. We saw compliments that described the staff as, 'Helpful', and gave, 'Heartfelt thanks,' for the, 'Kindness,' shown by staff. One compliment read, 'Your kind words and help and assistance you gave to me personally has also been appreciated.'

People were supported by staff who knew their background history and the events and those in their lives that were important to them. Staff knew people's interests, and staff were observed using these interests to engage with people in meaningful ways. Our observations and conversations showed there was a caring culture amongst staff and staff demonstrated they knew people well. We observed staff listening and interacting with people so that they received the support they needed. People were relaxed in the company of staff. They were seen smiling and communicating happily, often with good humour. The atmosphere at the service was quiet and calm.

People's character and individual interests were celebrated by staff, who know them well. A member of staff explained to us that one person liked singing. We saw from an observation carried out by the registered manager that the member of staff had sung with this person that morning. The registered manager said it was lovely to see as it immediately put the person at ease. The member of staff said, "I love talking and laughing with people. People have lots of stories to tell."

Staff understood how to communicate effectively with people and understood people's character. Staff did not rush people; they took time to engage with them. All interactions were conducted in a calm and natural way, which people were seen to respond well. Members of staff were observed giving praise to people on several occasions.

People were supported to express their views and be involved in decision making about their care. People had regular meetings to discuss menus and activities. We saw that people had the opportunity to express their views by completing a questionnaire. The feedback was positive and everyone who took the time to complete one agreed that staff were friendly and polite.

People were treated with dignity and respect. One person said, "The carers they know me and understand me. They always knock and shout who they are. I choose what I want to wear, sometimes I asked the girls and they will choose for me." Staff respected people's privacy and confidentiality. Staff had a good understanding of how to maintain people's privacy. During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people in their

conversations.

Is the service responsive?

Our findings

Before people moved into the home a comprehensive assessment of people's needs was completed. Relatives and healthcare professionals supported the process where possible. The assessment process meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. One person said, "They visited me in hospital to find out how they would care for me." Once the person had moved in, a full care plan was put in place to meet their needs.

People's care plans were focused on the goals people wanted to achieve to maintain their independence. For example, one person's goal was to reduce the risk of social isolation. Progress on these goals and the overall care provided were regularly reviewed. We saw that this person had now been supported to come downstairs and socialise with people. A person said, "They always ask is there anything else I need. I am happy with what they are doing."

People's health needs were closely monitored so staff could effectively respond to their changing needs. When one person's blood sugar levels were high, the appropriate health referrals were made. This person then received support from the district nurse team. Another person's needs had significantly changed and the staff were responding to these in a positive way to ensure their needs were still being met, this included both emotional and practical support. Another person had increased anxiety and the registered manager was observed arranging a medicine review for them to ensure they responded quickly and met their needs.

People were supported by staff who had a good knowledge of person centred support. People were involved in planning their care. People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. There was information concerning people's likes and dislikes and the delivery of care. For example, one person enjoyed a specific musical band, which staff knew without looking at their care plan. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them, which staff were seen to understand and follow.

People were supported by staff who knew them well and because of this people achieved meaningful outcomes. For example, one person who had been in hospital for a year had made significant progress with their mobility and did not need to be hoisted and could now walk short distances. Another person had lost confidence due to an illness. They refused to get dressed and come out of their flat. With the right blend of emotional and practical support, this person was now fully involved in the activities on offer at the service. They also read to children at the local school. The registered manager said, "It's about getting to know people so you can make a change in the quality of their life."

People were supported with a wide range of stimulating activities that met their interests and preferences. A person informed us, "There is yoga on a Tuesday and Thursday. Bingo twice a week, a coffee morning on a Wednesday and skittles Sunday afternoon. We have a church service once a month. There is an occasional concert". We observed activities taking place on the day of our inspection and there was a church service in the afternoon.

People were made aware of the complaints procedure and told us they knew how to raise complaints and concerns. There had been three complaints in the last 12 months. This had been responded to in line with the provider's complaints procedure. Staff informed us that if a complaint was received they would be taken seriously by the provider and used as an opportunity to improve the service.

There were regular tenants meetings that gave the opportunity to people to discuss important issues. These meetings are well attended. In the last meeting areas such as people's relationships, the implementation of a managers surgery and entertainment were discussed and implemented.

Is the service well-led?

Our findings

People spoke of the service in high regard. All people said they enjoyed living at the home and they were complimentary of the registered manager and the staff who supported them. A person who filled out our survey said the staff are, 'Lovely and the care office and management are first class.' One person we spoke to said that the registered manager was, 'Wonderful.' Another person said, "(the registered manager) is very happy to see us. She has an open door. Lovely person."

Despite this, people told us they were not always supported at times that suited their needs. We were told this was particularly a problem in the morning. In our survey 50% of people said that staff do not arrive on time. One person commented that, 'The staff are all very good. The only gripe I have is bad time-keeping, as they are nearly always late'. One person said, "They come in at 9.30am, I would like them to come in at 7-7.30am. They can't fix that." Another person said, "9am (on a Monday) is preferable, but it doesn't always happen, it's usually about 10am. I find it frustrating. We have mentioned it, they say that Monday is a busy day."

We spoke to the registered manager about this and they explained that staff supported people who are at higher risk earlier. Our observations confirmed what people told us. People who were more independent waited longer for their support, particularly in the morning. When asked about staffing levels a member of staff said, "Sometimes we have to rush. We don't have time for a chat. I don't like to rush in and out." People told us this was impacting on their wellbeing and had the potential to increase risks for them, particularly if staff were rushed. Improvements were needed in this area to ensure people received support when they required it. Staffing levels on the day of inspection were reflective of the rotas however the management of these rotas was not currently meeting the needs of all people all of the time.

We recommend that the registered manager reviews staffing arrangements at busy times to ensure that people are receiving care and support when they want and need it.

People's support was monitored through quality assurance systems. These quality assurance systems included a self-audit that the registered manager completed that covered areas such as staffing, equipment, medicines and incidents. This self-audit was validated by the regional manager. There was also an annual quality audit from Housing & Care 21's quality department. There were spot checks and observations of the support being provided, a staff file audit and audits on health and safety. When gaps had been highlighted actions had been put in place to rectify them. For example, an audit picked up a gap in a medicine record. This was investigated and the staff member was talked to in supervision about the importance of recoding medicines accurately. .

Despite these systems we found that sometimes people's care plans and risk assessments did not always reflect their needs. We would expect this to be picked up in the quality assurance process. The impact of this was low as we observed people were receiving the care and support they needed. The risk of this was further reduced as people were supported by a consistent team that knew them well. Since the inspection the registered manager provided evidence to show that improvements had been made in this area, ensuring that care documentation reflected specific needs.

Feedback from people and their relatives was sought. People were supported to fill in a satisfaction survey. This process gave them the opportunity to talk about what they thought of the service being provided. The results were very positive. The provider informed us that if there were concerns that were raised then an action plan would be implemented to improve the service provided. At the time of inspection the registered manager was still to collate the most recent survey so there was currently not an action plan.

The registered manager explained the vision and the values of the service. They explained their purpose was about person centred support and promoting wellbeing and independence. The vision and values were reflected in the support we observed on the day of inspection. Staff we spoke to understood the values and ensured people received the care they needed. One member of staff said the vision was to, "To promote a person's independence in their own home and promote wellbeing. We want people to stay as independent as possible". Another member of staff said her role was to, "Provide and maintain independence, so people can do as much as they can for themselves with dignity and respect."

The service had a culture that was friendly and caring. People told us that the registered manager knew people well. This was made evident on the day of inspection. We observed conversations and interactions the management team had with people. All interactions were in line with the vision and values of the service. People felt comfortable approaching the management team and staff with questions they had about their support. The management team were seen to give time to answer these requests. For example, we observed one person want to change the time of their support call in the morning, which was sorted out for them.

People were supported by a consistent staff team as staff turnover was low. When asked about this registered manager said, "I care about my staff. I will always find time for them. Some of my staff have worked for me for 17 years. It's about supporting the staff as well as the residents." One member of staff described the registered manager as, "Really good, very supportive. I can always talk to her, she is always here." Another member of staff said, "The manager is fair, down to earth and will put things right. She will listen." Another described the environment as, "Relaxed." At an internal awards ceremony the team at Anvil Court won an outstanding achievement prize for their team work this year.

Staff were involved in the running of the home. Team meetings were used to concentrate on important themes when they arose, such as the implications of the Mental Capacity Act on people. Staff were given the opportunity to raise concerns in these meetings, which were followed up by management. Staff had a good understanding of the key challenges and achievements of the home, which were highlighted in their provider information return (PIR). For example, ensuring that training offered continued to meet the changing needs of people.

People and staff felt that they could approach the management team with any problems they had. Members of staff agreed that the provider was approachable and supportive. The provider understood their legal responsibilities. They sent us notifications about important events at the home and their PIR explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC can monitor and regulate the service effectively.

The registered manager explained to us about their plans to increase their links with the local community. They were in the process of starting a breakfast club and had links with the local school.