

## Housing & Care 21

# Housing & Care 21 - Charles 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?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 12 December 2017 and was unannounced. The last comprehensive inspection took place in September 2016, when the service was rated requires improvement. You can read the report from our last inspections, by selecting the 'all reports' link for 'Housing & Care 21- Charles Court' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our inspection in September 2016 we found that the registered provider did not have effective systems in place to monitor and improve the quality of the service. We also found that the registered provider did not ensure that all administration of medicines were accurately recorded. The registered provider sent us an action plan indicating what action they would take to address these breaches. This inspection took place to check if improvements had been made.

At this inspection we found the registered provider had taken appropriate actions to meet the requirements of the breaches. The registered provider had put monitoring systems in place to ensure policies and procedures were being adhered to.

Housing and Care 21 – Charles Court is an extra care support scheme which provides personal care for up to 40 people who live on the premises in their own flats. The service has communal areas which include a fitness suite, restaurant, lounge and hair salon. The service is situated in the Armthorpe area near Doncaster. At the time of our inspection there were 26 people receiving personal care.

At the time of our inspection 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.

Risks associated with people's care and support had been identified and methods were in place to minimise the risk occurring. Systems were in place to ensure people were safeguarded from the risk of abuse. Staff had received training in this subject and knew what types of abuse there were and how to recognise and report abuse. We found the service had a safe recruitment system in place which ensured pre-employment checks were completed prior to staff commencing their employment. The service ensured people's medicines were administered in a safe way.

Staff were training to ensure they had the skills to carry out the roles and responsibilities of their job. Staff felt supported by the management team. Healthcare professionals were involved in people's support as required. People who required support with eating and drinking, received this in an appropriate way. This ensured people received adequate nutrition and hydration. Consent to care was sought in line with legislation and guidance.

We observed staff interacting with people in a caring and supportive manner. People we spoke with were

complimentary about the staff and the care they received.

People received personal care that was responsive to their needs and respected their choices. People knew how to make a complaint if they needed to and felt it would be appropriately dealt with.

Audits were in place to monitor the service delivery. People felt they had a voice and were involved in decisions about the service. People who used the service had the opportunity to attend meetings and discuss events and any concerns.

## 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 felt safe living at the service. Staff were knowledgeable about safeguarding people from abuse.

Risks associated with people's care were identified and risk assessments in place to minimise the risk.

Medicines were managed in a safe and appropriate way.

The service had a safe recruitment procedure which included pre-employment checks.

Accidents and incidents were monitored to ensure patterns and trends were identified and action taken to reduce them.

### Is the service effective?

Good ●

The service was effective

Staff received appropriate training and support to ensure they had the skills to carry out the roles and responsibilities of their job.

The service was meeting the requirement of the Mental Capacity Act 2015.

People who required support with food and nutrition were provided with an adequate diet.

People were referred to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were complementary about the care they received and felt staff respected their privacy and dignity.

Staff ensured they knocked on people's doors and waited for a

response then proceeded by telling the person who they were.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care which was responsive to their needs and in line with their choices and preferences.

People used the communal areas to enjoy social activities and events.

People felt able to raise concerns and felt they would be taken seriously and dealt with appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led

Audits were in place to monitor the service delivery, action plans were devices to address any issues raised.

People felt they had a voice and could raise issues at the residents meetings or with staff at any time.

# Housing & Care 21 - Charles Court

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 12 December, 2017 and was announced. We gave the registered provider short notice of our inspection as we need to ensure someone would be available to assist us. The inspection was carried out by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with six people who used the service and spent time observing staff interacting with people.

We spoke with three care workers, the registered manager, and the care team leader. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The registered provider did not ensure that all administration of medicines were accurately recorded.

At our inspection of 12 December, 2017, we found the registered provider had taken action to address this issue. We found Medication Administration Records (MAR's) were completed fully. This included a record of the amount of medicines delivered, administered and returned to the pharmacy. The registered provider was also completing medication audits of the MAR sheets to ensure medicines administered were correctly recorded.

We looked at systems in place to ensure people received their medicines as prescribed. The registered provider had a policy in place which had three levels of support for medicine administration. This ranged from prompting people to take their medicines to administering them. This was reviewed regularly to ensure people were receiving the right support.

People who used the service kept their medicines in their flat in a lockable cupboard along with their MAR sheet. Most medicines were in a monitored dose system. People we spoke with felt staff supported them appropriately with their medicines. One person said, "The staff help me with my tablets. They [the staff] are very good, they know what they are doing."

The registered provider had systems in place to ensure people were protected from the risk of abuse. The registered manager kept a log of any concerns raised. This showed that appropriate actions had been taken when necessary. For example, further training given to staff and/or disciplinary action.

We spoke with people who used the service and they told us they felt safe living at the service. People also felt safe when staff visited their flat. One person said, "I feel safe in the company of the staff and if I didn't I would tell them." Another person said, "I feel totally safe here. I like living upstairs. I feel safe with the staff too, they are lovely."

Staff we spoke with told us they had received training in safeguarding people from abuse. They felt able to recognise and report abuse. Staff told us they would not hesitate to tell their line manager if they suspected abuse.

People we spoke with felt there was enough staff around to support them to meet their needs. One person said, "I have a buzzer and staff come quickly if I need them." Another person said, "The staff visit on time and always stay until they know I am comfortable and I have everything I need."

We looked at care records belonging to people and found that risks associated with their care had been identified. We saw risk assessments were in place for such things as environment, medication, fire prevention and mobility. We also saw care records contained Personal Emergency Evacuation Plans

(PEEPs). These were devised to help support people in an emergency.

The registered provider had a safe recruitment system in place which was used to employ new staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at three staff recruitment files and found they contained all the relevant checks. We also spoke with staff who confirmed that checks were completed when they began working for the registered provider.



# Is the service effective?

## Our findings

People told us staff were trained and had appropriate knowledge to carry out their role. People we spoke with were comfortable with staff that supported them. One person said, "The staff know what they are doing and understand my needs."

We spoke with staff who told us they attended training to ensure their knowledge was up to date. Staff told us training was good and they benefited from it. One care worker said, "Training is on-going and happening all the time." Another care worker said, "The training is really good, it helps me do my job well."

We looked at records in relation to training and found they were up to date and reflected that mandatory training took place. Subjects such as moving and handling, safeguarding, first aid and food hygiene were completed along with any specific training needed to meet individual needs. Some training is provided via an electronic system and other are completed as a practical session. For example, moving and handling.

We saw that staff received supervision sessions. These were one to one meetings with their line manager to give them the opportunity to reflect on their practice and discuss issues relating to their role. One care worker said, "Supervision sessions are useful as it gives us time to discuss issues or concerns."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw all staff had completed basic training in MCA and Deprivation of Liberty Safeguards (DoLS). Staff spoken with had an understanding of this legislation. We looked at care records and found people had consented to receiving care and support. People told us they had held discussions with staff from the service about how they wanted their care to be provided and what was important to them.

Some people required support to eat and drink enough to maintain a balanced diet. One person required a fork mashable meal and needed staff to assist them at mealtimes. We saw this was clearly documented in the person's care plan and staff carried out the person's support as required. Some people used the onsite restaurant to access meal provision and others prepared and ate meals in their own flat, with support from staff if required.

People were supported to access healthcare professionals where required. This meant that people were able to receive on-going healthcare support. We saw professionals such as GP's, Speech and Language

Therapists (SALT's) and district nurses had been involved when required. Advice from the healthcare professionals were entered in to the person's care plan and staff followed the advice given.

## Is the service caring?

### Our findings

We spoke with people who used the service and everyone was complimentary about the care they received. One person said, "Everyone is so friendly. The staff are very good." Another person said, "I don't want to lose my independence and the staff respect that." Another person said, "Staff are very respectful." Another said, "The staff are very kind and patient. They knock on my door when they call and shout their name so I know who has entered my flat." Another person said, "The staff are real treasures and they are dedicated to their job."

Staff we spoke with explained how they ensured people's privacy and dignity was maintained. The staff told us they respected people's individual homes and knocked on the doors prior to entering the home. One care worker said, "I always knock on the door and wait to give the person opportunity to answer. I walk in, say hello and introduce myself."

We observed staff interacting with people who used the service and found they were kind, caring and respectful. Staff called people by their preferred name and respected their privacy and dignity. Staff and people who used the service had a good relationship with each other and exchanged appropriate and friendly banter.

The registered provider used individual and team meetings with staff to ensure they were reminded of the importance of person centred care. Staff were trained to support people to be as independent as possible, while ensuring their preferences are upheld. We saw people's preferences had been documented in the care plans we saw. People who used the service told us they had a good relationship with the care workers and felt their views and choices were valued. This showed that staff respected people's views and opinions.

## Is the service responsive?

### Our findings

We spoke with people who used the service and they felt involved in their care. They told us they had a file in their home which contained their care records and staff talked to them about what they needed. People told us their preferences and choices were respected. One person said, "The [the staff] are just like family. They respect the way I like things doing." Another person said, "I have a folder in my flat and staff write in this and keep it up to date." Another said, "I usually know who is going to visit me and that's nice."

We looked at care records belonging to people who used the service and found they were detailed and reflected people's current needs. Care records contained support plans which outlined the support people required and considered people's needs and abilities to perform daily living tasks. This ensured people remained in control over their care and as independent as possible. Support plans captured people's preferences to ensure care was delivered in line with people's individual choices. Support plans were reviewed on a six monthly basis. Reviews were brought forward if any changes were evident sooner.

Staff organised a daily activity but people who used the service also provided their own social stimulation and used the communal areas of the service to set up games such as dominoes. We also found that people used these areas for inviting entertainers in and for church services. People we spoke with expressed how happy they were with the social activities that had been set up. One person said, "The entertainment is good here, there is always something going off here. I like to join in, it's great." For example, a coffee morning was held once every week. Some people preferred to spend their day in their own flat. One person said, "I prefer to be in my own flat and I have family visit me."

The service had a complaints procedure which people kept in their care file in their own flat. People we spoke with knew the service had a complaints procedure and felt comfortable to raise concerns if they needed to. One person said, "I would talk to [the manager] if I had a problem. I know they would sort it out for me." Another person said, "The office staff would listen to me if I complained and would sort it out. I don't have anything to worry about."

We spoke with the registered manager about complaints and they explained that complaints were recorded and the outcome noted. This helped the registered provider to audit any concerns received and to ensure comments were used to develop the service in the future. The registered manager told us that they operated an open door policy where people who used the service, their relatives and staff can approach managers and raise concerns as they arise.

## Is the service well-led?

### Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We found that the registered provider did not have effective systems in place to monitor and improve the quality of the service.

At our inspection of 12 December, 2017, we found the registered provider had taken action to address this issue.

At this inspection we found that changes to the quality assurance systems had been made and these had been implemented in to practice. We saw a range of audits were in place to ensure policies and procedures were adhered to. These included an operational audit and an internal audit. We saw an audit had been introduced to ensure care records and medication process was followed correctly. For example we found senior care workers completed regular audits of medication administration records, to ensure they were correctly evidencing the medication held on site and what had been administered. The registered manager then audited a percentage of what the senior care workers had completed to ensure they had management oversight.

The management team also completed direct observations of care workers. This was to ensure the care workers were performing within the expected standards of the registered provider.

The management team consisted of a registered manager, deputy manager and a team of senior care workers. The service had recently recruited two senior care workers to join the team. Other senior care workers were working with the new staff to ensure they were aware of the expectations of the role. People we spoke with told us they had confidence in the management team and felt they were approachable. One person said, "I know [name of manager] is the manager and she will do anything for you." Another person said, "If I want to know anything I can go to the office and ask, nothing is a bother."

Staff also commented positively about the management team and felt supported by them. One care worker said, "The manager is lovely, very helpful and easy to talk to." Another care worker said, "If I need any help I can go to the manager for advice."

People who used the service were able to comment about the service. Tenants meetings took place which gave people the opportunity to raise issues and to chat about future events. The registered provider's head office also sent quality questionnaires out to people requesting feedback. This was completed on a quarterly basis, however, the registered manager told us that they had not had much response.