Housing & Care 21

Housing & Care 21 - Queensridge Court

Inspection report

82 Queensway
Oldbury
West Midlands
B68 0LE

Tel: 03701924619
Website: www.housing21.co.uk

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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

This unannounced inspection took place on 17 & 22 March 2016. At our last inspection in April 2014, we found that the provider was meeting the regulations we assessed associated with the Health and Social Care Act 2008.

Queensridge Court provides Extra Care Housing provision for people aged 55 years and provides personal care and support to people within a complex of flats. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. People have access to communal facilities including a lounge and a restaurant, which offers hot and cold meals daily. At the time of our visit the service was providing personal care and support to 53 people.

The service did not have a registered manager at the time of our inspection. The service was being overseen by an interim manager from one of the provider's other extra care housing schemes. A new manager had been appointed and at the time of our inspection was completing the provider's induction training. 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 supported with their medicines by staff who were trained to do so and had been assessed as competent. Completion of stock level checks and written guidance for staff in relation to 'as required' medicines was lacking, however the manager agreed to review this. People told us they felt safe and that they could raise concerns with staff at any time. Staff demonstrated that they understood what action they should take in order to protect people from abuse or harm. Systems were in place to minimise any risks to people's safety and risk assessments were reviewed and updated as necessary. People felt there were enough staff to meet their needs. Appropriate checks were carried out prior to staff starting work to ensure their suitability to support people.

Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and supported people in line with these principles. Staff established consent from people before providing care. Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. Structures for supervision allowing staff to understand their roles and responsibilities were in place. People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to access external health professionals whenever necessary and we saw that the care and support provided by staff was in line with what had been recommended.

People were complimentary about the approach and attitude of staff. People told us that staff acted in a way that maintained their privacy and dignity whilst encouraging them to remain as independent as possible. People told us they were provided with the information about the service and their care and

treatment that they needed. Staff were knowledgeable about how to access independent advice and support for people.

People's care records were written in a way which helped staff to deliver personalised care. People were involved in deciding how their care and support was delivered and they felt able to raise concerns about their support with staff and/or the manager if they were not happy with it. Information about how to make a complaint was provided to people.

The service had been through a period of upheaval due to a change in management and staffing but people felt that the service had begun to settle down again. Staff told us the registered manager actively promoted an open culture amongst them and made information available to them to raise concerns or whistle blow. The service sought people's feedback through surveys but failed to share this with people and demonstrate how they planned to improve based on the analysis findings. The registered manager and the provider undertook regular checks on the quality and safety of the service; however the effectiveness of these needed to be reviewed.

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.

Medicines were overall well managed within the service, however stock level checks were needed to ensure people had received their medicines as the prescriber intended.

Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse.

Risks for people in regard to their health and support needs were assessed and reviewed regularly.

Is the service effective?

Good

The service was effective.

Staff were aware of the need to seek informed consent from people.

Staff received regular training and the timely updates they needed to maintain their level of knowledge and skills to meet people's needs.

Staff were knowledgeable about how to access support for people if they became unwell or in an emergency.

Is the service caring?

Good

The service was caring.

People were very complimentary about the staff who supported them; it was clear to us that staff had developed a good rapport with people.

People told us that staff respected their privacy and dignity when supporting them.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People knew how to make a complaint and felt confident that any issues they raised would be dealt with effectively.

Support was provided in a way that which met people's personal preferences.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider actively promoted an open and inclusive culture amongst its staff.

People, their relatives and staff spoke positively about the approachable nature of the interim manager.

Quality assurance systems were not effective in identifying how feedback from people was shared and/or acted upon and ensuring medicines management was safe.

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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 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 17 March 2016 and was unannounced with further contact made by phone with people on 22 March 2016. The inspection was undertaken by two inspectors.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We also reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We spoke with six people who used the service, five relatives, eight staff members and the manager. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including five medicine records, two staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

We looked at the Medicines Administration Records (MAR) and found the systems in place to record the quantities of medicines received that were not contained in sealed dose trays from the pharmacy were not being completed. We performed two stock level balance checks for medicines the service was responsible for ordering and taking receipt of and we were unable to match these to the amounts given according to the MAR. The manager told us that these medicines were not counted on receipt; they agreed to review this. Guidance for staff in relation to medicines prescribed 'as required' were not available, however people using the service were able to advise staff what the medicines were for and decide if they needed them or not. Staff confirmed that they spoke to the person about their need for 'as required' medicines and the person made their decision according to their needs at that time.

People told us they were supported to take their medication in a safe way, at the appropriate times. People told us, "They [staff] come in to do medicines four times a day, they do it properly" and "I am happy with how they [staff] do my medicines, they make sure I get them at the proper times". We found that all staff had completed safe handling of medication training. From the review of records and through discussions with staff, we confirmed staff had undertaken refresher training and had competency checks completed in relation to medicines. A staff member told us, "We have regular competency checks and have medicines training updates about how to support people with their medicines". Staff we spoke with were knowledgeable about how to support people with their medicines. We found systems for storing, handling and obtaining medicines were effective. MAR records were checked regularly by staff for any gaps or unexplained omissions.

People we spoke with felt that the service provided was safe. A person told us, "I am safe in my own flat; I've got my own key". Another person told us they felt safe and went on to say, "I don't lock my door, last thing at night they [staff] lock it for me". Relatives told us, "They [staff] work hard to keep mum safe", "I'm happy she's safe with good security" and "Yes its safe here and we were relieved to get a place there. Mum gets regular calls to make sure she is okay". Staff were able to discuss with us how they maintained people's safety in a variety of ways for example, when using moving and handling equipment or providing personal care.

All staff we spoke with were aware of the different types of abuse people needed protection from and what would constitute poor practice. We saw that staff had received training in how to protect people. Staff we spoke with told us they had confidence the manager would respond appropriately to any concerns they raised. Staff members told us, "I would report and document any incidents or concerns I had: I know I could call the Care Quality Commission (CQC) if I had to or refer it to the local authority" and "If I felt any reported concerns had not been taken seriously, I would escalate the matter until it was dealt with". The manager told us that abuse and safeguarding issues were discussed with staff during supervision and at staff meetings. Staff confirmed that they had information cascaded to them in relation to safeguarding issues in these meetings. We saw that the manager investigated and reported the details of any incidents as necessary, including notifying the local safeguarding team and CQC. Staff we spoke with knew what emergency procedures to follow and knew who to contact in a variety of potential situations.

Staff demonstrated to us that they were aware of the current risks to people and that these were communicated with each other and updated to continually minimise these risks. Risk assessments were personalised to each individual and covered the potential risks for staff to be mindful of in areas such as moving and handling. One relative told us that staff had addressed a number of safety issues for her mother and said, "Safety issues are addressed here, mom is in a wheelchair now and gets the help she needs, she has a shower chair also. Bed rails have been put on her bed to reduce the risk of her rolling out". Staff told us the risk assessments in place provided them with the guidance they needed to help people to remain safe; we saw that these had been reviewed and updated as necessary. Staff we spoke with were confident they would be fully informed of any potential risks before going to a new person's home. A staff member said, "If I am supporting someone new, I always read their records first, it's crucial". Staff told us that daily handovers between shifts provided them with updates about any changes to someone's support needs, care plan and health needs. One staff member went on to say, "I read the handover book and also what the previous carer has recorded in the persons records, so I am up to date when supporting the person".

People told us there were enough staff to meet their needs and that overall they came on time and as planned. People told us, "Staffing is fine, they are always there if I need them; I have an alarm to press if I need them, they do come", "The staff are all nice but I don't get the same one every day" and "They [staff] are only ever late if there's an emergency and that's not very often, they do let me know though". Relatives said, "Mom gets four calls a day, they have never missed; time is allocated for personal care and they stay that amount of time", "The staff have never missed any calls" and "Mom doesn't have to wait prolonged periods for help". People told us that where possible they received care from a core of regular staff and as such they felt they had a good relationship with them. The service had recently lost a number of long term employees to another service opened locally by the provider; this was raised by people we spoke with as having an impact upon the consistency of staff they preferred. However, they all agreed that the service was slowly recovering from the upheaval they had initially experienced and more consistency in the staff supporting them had been more evident recently. Staff we spoke with confirmed that there were enough staff to provide the care that people needed in an effective and timely manner.

People told us they were introduced to new staff by longer standing staff. Staff told us they were given the chance to become familiar with people's individual care needs before working independently with them. They told us they either attended the call with staff who already knew the person and/or they read the information in people's care records prior to supporting the person.

People using the service were involved in the recruitment process; they were able to interview the candidates who were offered a second interview. The manager told us that three people were chosen to ask questions and give their opinion about the suitability of the candidate based upon their responses and attitude. Staff we spoke with confirmed that the appropriate criminal records checks and references had been sought before they had commenced their role. Records we reviewed in relation to recruitment practices demonstrated that staff recruited had the right skills, experience and qualities to support the people who used the service.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff's abilities to provide good care and felt they had the skills to support them effectively. A person told us, "I think the staff must be well trained, they know how to look after me". A relative told us, "All the staff are really good and competent". All of the staff we spoke with told us they had received a range of training that was relevant to the people using the service and this was up to date. Staff members told us, "Training keeps us up to date" and "We are reminded when we need to update our training". We saw and staff confirmed that they had access to a variety of training to maintain their knowledge and skills. Staff told us they were able to ask for training if they felt it was needed, and that this would be responded to. A staff member said, "The training we have access to is good".

We saw that staff were provided with and completed an induction before working for the service. This included training in areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing more senior staff. One staff member told us, "I got shown around the building, spent shifts working alongside other staff and had training which I thought was good especially with me being new to care work". The service had implemented the Care Certificate for all new starters. The Care Certificate is a national qualification in care and has been developed to ensure a good standard of practice is established through its completion. Another staff member told us, "You get shadowing opportunities and a fairly long induction period, as well as ongoing competency checks". The manager told us that staff were supervised closely within their induction period. We saw records which demonstrated this and that staff's competency in relation to medicines management were also completed. Spot checks were also periodically undertaken to check on the quality of support staff provided to people. Staff received regular supervision to discuss their training and development needs. The manager told us information from competency checks, and training records was used in staff supervision's as part of the ongoing assessment of their practice to ensure they were well trained and effective in their role. A staff member said, "We get supervision, but in between you can always go and have a chat or raise any concerns with a senior or manager".

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. One person told us, "They [staff] always ask my permission before they do anything, they are good like that; they don't just assume it's okay".. Staff we spoke to had an understanding of how to consider peoples level of capacity and how to ensure they were not restricted in relation to the support they were provided with. A staff member said, "It's all about asking people open questions and allowing them enough time to understand what you are asking, to get their permission".

There was a privately run restaurant within the service for people's use or they were supported by staff to

prepare and provide meals of their choosing, in their flat. People told us that staff ensured they were eating and drinking enough. One person told us, "They [staff] prepare my food for me, they know what I like". One relative told us her mom needed help with eating and that staff do this and went on to say, "She pays for a meal in the restaurant and gets asked what she wants and staff help her with this". Another relative told us "They [staff] record the food and fluid mum has and they encourage her to go to the restaurant for her meals". Staff told us they had received training in food hygiene and recorded and reported any concerns they had about people's nutritional intake that they identified. People told us staff made up drinks for them and left them throughout the day, within their reach where they were unable to do so themselves. Staff told us they knew people's likes and dislikes from their care plans and they prepared food according to people's choices. People we spoke with confirmed staff knew their preferences when preparing meals. Records we reviewed considered and assessed any risks in relation to people's nutritional needs.

People told us staff supported them to get access to health professionals if they felt unwell. People told us, "I can ask the staff to arrange for the doctor. The nurse came the other day for a blood test" and "They'll [staff] call for the doctor and get hospital appointments for me. I'm waiting to hear about one now". Relatives told us, "They [staff] sort out any issues and will call the doctor, they do all that. If mum has hospital appointments they [staff] arrange transport and an escort if I can't go" and "They [staff] do notice things, when mums legs flare up they get cream from the GP for her straight away". Staff told us if there were any changes in people's health needs, they would respond by getting them the professional support they needed and that any necessary update to care plans happens quickly. Care records showed that people had access to external health professionals, with contacts being clearly documented. People's care records included important information for staff on specific health conditions, and information on how and when they should escalate concerns to senior staff so that they could be dealt with.

Good

Is the service caring?

Our findings

People told us they had positive relationships with the staff that supported them. People told us, "The staff are very good, very nice, if I need them I just ring for them", "The staff are really lovely, they help me a lot" and "They [staff] are all nice". Relatives we asked about the staff's approach and nature said, "Mum has a nice home and is well cared for here", "Staff are all pleasant, mom tells me she always has a laugh with the staff" and "All the staff are very polite, very nice".

We asked staff what it meant to be caring, they told us, "Helping people to have the best quality of life" and "Making sure that people have all the support they need so they can live well". Another member of staff told us how they demonstrated caring, "I always chat with the person, ask them what kind of day they have had, get them talking and listen to the person". We observed that staff knew people well, listened to them and supported them with kindness.

People told us that they were aware of what the care plans contained and that they frequently had discussions with staff about their support needs. Records showed assessments were completed to identify support needs that people and their relatives had contributed to. Pre assessment information was also available to inform the planning of care. Care plans contained relevant personalised information, detailing how people's needs should be met and had been reviewed and updated in a timely manner. Three people told us they could not recall being involved in formally reviewing their or their care since they joined the service, but told us that staff did talk to them about how they wanted their care delivered. They also told us they were able to raise concerns with staff about how they were being supported when they needed to. Records showed the provider had talked to people about what support they wanted. People we spoke with felt the staff knew their needs and routines well. Staff demonstrated to us that they knew the importance of personalised care and told us how they put this into practice. The staff we spoke with were clearly knowledgeable about people's needs.

People told us they had been given the necessary verbal or written information they needed. One person said, "It's all there [the information] in the folder if I want to look at it, the staff look at it and write down what they have done in there". Each person was supplied with a copy of the 'service user guide' along with their care plans in their care records folder which gave detailed information about the service and a variety of internal and external contact numbers for reference, for example the local authority.

Staff told us they liked working at the service and they enjoyed assisting people to be independent according to their individual abilities. People told us, "I like to do things for myself and they [staff] are patient, like when they wait while I dry myself after my shower" and "They [staff] get me to get my clothes out ready for when they come in to keep me active". Relatives said, "Before mum came here she wasn't eating and just sitting in a chair but now she is much happier and chats to people and has been going out" and "Staff try and encourage mom to mix with others and to walk short distances with their help".

People told us staff maintained their privacy and behaved respectfully towards them at all times. People said, "Staff always ask what help you want, they keep you covered up when they help you with washing and

dressing. When you are in the bathroom, they leave you to it, so I have my privacy too". Relatives told us, "Mum tends not to lock the door but they [staff] always knock and wait before going in" and "They are kind to mom and they treat her respectfully". Staff explained how they maintained people's privacy and dignity when providing care. They gave examples such as closing curtains when personal care was being delivered and covering people's bodies to maintain the person's dignity when they were supporting them to get washed and dressed. Records we looked at also outlined how staff should promote people's dignity and respect, for example by following very specific instructions for how they gained entry to people's property, which they had expressed as their preference. We observed this was followed by staff when attending planned calls.

Staff knew how to access advocacy services for people if they needed independent advice and support. The activities coordinator gave an example of how they had previously accessed advocacy support for a person with a sensory impairment.

Good

Is the service responsive?

Our findings

People told us they were happy living at Queensridge Court. They told us that staff knew their likes, dislikes and preferences and how best to support them. People told us they were consulted about decisions regarding their care. One person said, "We usually have a meeting all together, I just tell them if I need anything done, they listen and do it". A relative told us, "I do read the notes and plans to make sure the calls are being made, mom has been involved in setting out what she wants in the way of support". People who were able, told us they go and chat to other people in their flats, for companionship. During our visit we saw people enjoying each other's company in small groups and chatting happily in the communal areas.

Although activities are not part of the regulated activities that the service is registered with us for, people told us were supported to take part in activities of their choosing and with their personal likes and preferences in mind. They said, "I work in the little shop here sometimes, I like to keep my mind active; I do the bonus ball and go out on the ring and ride on Tuesdays", "We get information about what's going on, we are having a fish and chip supper soon and celebrating the queen's birthday" and "There is quite a programme of activities going on here I can join in with". A relative told us, "[Activity coordinator's name] gets people to interact; she is good with new residents so they have a friend".

People we spoke with told us if they wanted to raise complaints they knew who to speak with. One person told us they were sure what the complaints procedure was, but felt that if they had any concerns staff listened and went on to say, "I have never had to complain". A relative told us that they had raised a formal complaint and was satisfied with how they were responded to, the issue was investigated to their satisfaction and they received an apology. A staff member said that if someone wanted to make a complaint they would, "Advise the person they have a complaints form in the folder in their flat and offer to help them to complete this". The complaints process was displayed in the communal areas and in the service user guide in each person's flat. There were arrangements for recording, acknowledging, investigating and responding to complaints and any actions or changes made taken as a result. They showed that outcomes from complaints were clearly documented and were communicated to staff. We saw that changes to practice were made following complaints to improve the service provided, for example ensuring that all new people met with the manager on the day of their arrival and were issued with a welcome pack.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of our inspection and was being overseen by an interim manager from another extra care housing project belonging to the provider. A new manager had been appointed and was undertaking the provider's induction programme. The service had been in a period of transition, with a number of long standing staff leaving along with the registered manager in recent months, to work at a new service established by the provider nearby. People and staff we spoke with told us that they felt the service had been unsettled during that period, but identified that in recent weeks they felt the influence of the interim manager had been positive. Staff told us, "Things are more settled here now" and "[Manager's name] has been a good influence on the place".

The manager was aware of their responsibilities as a manager and had provided us with notifications about important events and incidents that occurred at the home. They had also notified other relevant professionals about issues where appropriate, such as the local authority. The provider was open and transparent in its reporting to us and other external agencies when incidents occurred within the service. The interim manager was aware of the challenges which had faced the service and felt supporting the new manager was vital in the services future success. She told us that she had agreed with the provider to stay on to initially support the new manager on a part time basis to embed processes that had been developed to improve the safety and effectiveness of the service. The interim manager said that the provider was supportive towards them in making the changes necessary they had implemented whilst being in post, for example streamlining staff hours and rearranging rotas to work more effectively.

Staff told us they enjoyed working at the service. They told us they were clear about the management structure and spoke positively about the approachable nature of the manager. We saw that staff were provided with regular staff meetings, daily written and verbal handovers and regular supervision and meetings; all the staff we spoke with told us they did feel supported in their role. Staff told us the manager was approachable, with one saying, "We do get support from the manager, you can just knock the door and she will make time for you". Staff told us there was an open culture in the service, and that they could contact anyone from the provider organisation if they had any concerns. Staff were able to identify who the operations manager was. Staff we spoke with were aware of how to whistle blow and said they had read the providers policy on this.

People were invited to regular meetings and asked to complete surveys to give their feedback and opinions about the service. One person said, "I go to meetings occasionally to air my views". A relative told us there had been a survey recently asking about the service, which they completed with their mom and sent it back, but they were not sure what happened to this. We saw that people were asked for their feedback by being asked to complete surveys annually. These were analysed by the provider but any actions or improvements made as a direct result of the less positive comments had not been shared or demonstrated to people using the service. This meant that although the provider encouraged open communication and encouraged people to give their views and experiences, actions taken to address any failings were not evident or routinely shared. We spoke to the manager and operations manager about this and they agreed that in future ensure better systems for communicating findings and any improvements was required.

Accidents and incidents were monitored by the manager to ensure any trends were identified. For example, over a period the service had experienced an increase in incidents related to medicines administration. The provider had implemented more frequent weekly checking of Medicine Administration Charts (MAR) to identify any errors and/or omissions more effectively as a response to this. However, from our findings set out in this report in relation to medicines management, it was clear that these checks were not comprehensive enough to recognise the issues we identified in relation to medicine practices in place.

The provider sent us their Provider Information Return (PIR) in good time prior to our inspection. They outlined how they were meeting the standards and advised us of their plans for improvement.

There was a system in place to monitor the quality of service. This included regular meetings between the manager and the operations manager on behalf of the provider. The operations manager visited regularly and undertook an audit on various elements of service provision, for example care records, staff training, repairs and finance. Issues identified resulted in actions for an assigned responsible person, timescales for completion were recorded and these were reviewed for actions completed at the next provider audit.