

## Axiom Housing Association Limited

# Beech Court

### Inspection report

Parsons Lane  
Littleport  
Cambridgeshire  
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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

This announced inspection took place on 5 January 2017. Beech Court is situated in a sheltered housing complex in the town of Littleport. The service is registered to provide personal care to people some of whom live in the sheltered housing complex and to people living in their homes in the local community. There were eight people receiving personal care from the service when we visited.

A manager was in post who was in the process of applying to be registered with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff were knowledgeable about reporting any abuse. There were a sufficient number of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. Staff we met were able to demonstrate a good understanding of MCA. This meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

People were supported, where required, to ensure they ate and drank sufficient quantities. People had the choice to eat the food they preferred and healthy eating was promoted by care staff.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff we met understood their roles and responsibilities. They were supported by the manager to maintain and develop their skills and knowledge through ongoing support and regular training. The staff were in contact with a range of health care professionals to ensure that care and support was well coordinated.

People's privacy, dignity and independence were respected and their care and support was provided in a caring and a patient way.

People and their relatives felt able to raise concerns with the staff at any time. A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People were able to make changes to the support and care provided to them by 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 cared for by a sufficient number of staff who were trained and knowledgeable about procedures to keep people safe from harm.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

People were supported with their medicine administration requirements.

### Is the service effective?

Good ●

The service was effective.

The staff were supported to do their job and an ongoing training programme was in place.

Staff were aware of the key requirements of the MCA. Decisions made on people's behalf by staff were in their best interest and as least restrictive as possible.

People's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued and promoted

People were involved in reviewing their care needs and were able to express their views and make changes to their care.

### Is the service responsive?

Good ●

The service was responsive.

People were actively involved in the regular reviewing of their care and support needs

People were supported to access a range of healthcare professionals as required and recommendations for changes were implemented.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

**Is the service well-led?**

**Good** ●

The service was well-led.

There were procedures in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to discuss issues with the manager.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

# Beech 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 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 announced inspection took place on 5 January 2017 and was completed by one inspector. The provider was given 48 hours' notice. This was to ensure that staff were available to support the inspection and that people were aware we may contact them by telephone.

Before the inspection we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office, spoke with three people and three relatives by telephone. We also spoke with the manager and three care staff. We looked at five people's care records and records in relation to the management of the service and the management of staff such as supervision and training records. We also received comments from a care manager from a local authority and from a practice manager at a local surgery.

# Is the service safe?

## Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, "I couldn't be better looked after anywhere." One person said, "The care staff look after me very well and I feel safe when they are here." People also said that they were able to talk to with staff and they have a laugh and joke together. A relative told us, "I feel that [family member] is safely cared for and the staff are careful when providing the care." Another relative said, "It's marvellous and my [family member] feels safe and is given respectful and dignified care."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. The staff we spoke with confirmed they had received training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns with the management team and the local authority's safeguarding team.

We saw that the contact details for reporting safeguarding incidents to the local authority were displayed in the service's office. This showed that staff had the information available and could raise any safeguarding concerns to ensure that people were protected from harm if the need ever arose. The provider was aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. This was to demonstrate that people had been cared for in a safe way according to their needs and preferences.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. These included assessments for moving and handling, environmental risks and risks regarding the administration of medication. People had personal emergency evacuation plans recorded in their care records in the event of them having to leave their flat due to an emergency such as a fire.. People told us that staff delivered support in a patient and unhurried manner and explained what they were doing at all times to ensure their safety.

We saw that there was a document in people's support plans which detailed the level of support people required with their medicines. One person said, "They [staff] always make sure that I have my tablets during the day." Staff told us that they had attended training in administering medicines which included a competency test, to check their understanding and ensure safe practice was monitored. We saw a sample of training records which confirmed this to be the case. The senior carer we spoke with confirmed that they completed competency checks to monitor staffs' practice when administering peoples' medicines. Staff confirmed this was the case.

People and their relatives said that there were always enough staff to provide care and support in a consistent way. People that we spoke with confirmed that staff had never missed any of their care calls and were on time. The manager told us staffing levels were monitored on an ongoing basis and that additional staff would be brought in if a particular care and support need was identified for a person who used the

service.

Staff only commenced working at the service when all the required recruitment checks had been satisfactorily completed. We saw samples in personnel records of the recruitment checks that had been carried out in conjunction with the organisation's human resources department. Checks included evidence of completed application forms, satisfactory references and a satisfactory disclosure and barring service check (DBS). A DBS is a national service which carries out criminal record checks.

Staff we spoke with told us that their recruitment had been effectively managed. One member of staff said, "I had to fill in an application form, give two references and have a DBS check before I started work."

The manager confirmed that any gaps in employment were pursued with prospective staff during their interview. This showed us that the provider had only employed staff that were suitable to work with people using the service.

# Is the service effective?

## Our findings

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 found that people's rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff regarding the Mental Capacity 2005 (MCA). The manager informed us and we saw that currently no one using the service lacked the capacity to make their own decisions. However, if this situation changed the manager told us that they were aware of the relevant contact details and local authority procedures regarding further information on this area.

The manager, staff and records confirmed there was a programme to make sure training was kept up to date and they were able to meet people's needs appropriately. Examples included food safety, safeguarding people from harm, infection control and medicine administration.

Staff we met were also completing the Care Certificate which is a nationally recognised qualification for care workers. This meant staff had up to date knowledge of current good practice. Staff we spoke with and records we saw confirmed they received regular supervision and annual appraisals. Staff we spoke with felt well supported by the management team and their staff colleagues. This showed that there was an effective system of training and support in place for staff.

Staff told us when they started their job they had received an induction which included a variety of training sessions and 'shadow shifts' where they worked alongside more experienced staff. Shadow shifts provide support for new staff so that they could feel confident prior to working on their own and providing care and support to people.

We found that assessments of people's nutrition and any dietary needs and food preferences had been completed as part of their care and support needs. People told us that the staff assisted them with the preparation of meals and drinks that they had chosen.

People's health care needs were included in the assessment of their care needs and the manager told us that there was regular contact with a variety of care professionals including GPs, care managers, dieticians and occupation therapists. A health care professional we spoke with was positive about the service provided and did not raise any concerns about the quality of the care and support being provided to people. We received positive feedback from a local surgery indicating they had a good relationship with the service and that people's healthcare needs were met.



# Is the service caring?

## Our findings

People and their relatives we spoke with confirmed that the staff were very kind and caring. For example, one person said, "They help me with everything that I need and make sure that everything is done before they leave – nobody could have better care." Another person said, "They never rush me and they are very kind to me." A relative said, "The staff are really caring and always make sure my [family member] is well looked after, comfortable and have whatever they need."

All of the people we spoke with, including their relatives, told us that care staff respected people's privacy and dignity. People told us that they usually had the same care staff providing care and they knew which member of staff would be visiting. One person said, "The girls [staff] are lovely and I look forward to seeing them – they [staff] really cheer me up and we have a laugh together."

Staff used people's preferred names and demonstrated a kind and caring attitude regarding the people they provided care and support to. Staff were knowledgeable about people's care needs and one member of staff said "We [staff] are often the only ones that some people see during the day so it is important to provide people with the best care – it's a great team and I really enjoy my job." People told us that staff had taken time in talking with them about things which were important to them in a respectful way.

It was evident that there was a warm and comfortable rapport between staff, the person receiving care, and their relatives. Comments included, "The care staff are polite and respectful whilst in my flat and treat me well and respect my privacy." Relatives that we spoke with also confirmed that they had seen staff treating their family members in a respectful and caring manner. One relative said, "The staff are wonderful and they really care for my [family member]."

The staff we met spoke with a great deal of warmth and affection about their work and the care they provided for people. One member of staff said, "It's a very good service and we try hard to provide the best possible care."

Records showed that staff received training about how to promote and maintain, respect and dignity for people and meet their needs in a caring way including caring for people living with dementia. Care and support plans reflected people's wishes and preferences and how staff should support them. We saw that people's independence and choice was promoted and care plans gave clear guidelines to staff as to how much the person could do for themselves and what assistance they may require. Examples included when the person was being assisted with a wash and getting dressed.

The manager told us that people were provided with information as required so that they could access local advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Records we viewed showed us that the provider considered and put into action people's end of life care wishes when required. This was by involving people, their families and friends and health care professionals.

Examples we saw included end of life planning to ensure a well-coordinated and caring service was provided to people.

## Is the service responsive?

### Our findings

People spoke positively about the care and support they received. One person told us, "The carers are very good and help me with whatever I need." Another person told us that, "The carers are really cheerful and they make sure everything has been done before they leave." Relatives we spoke with said they all felt that the care and support provided by care staff effectively met their relative's needs. One relative told us that, "The carers are really good with my (family member) and make sure everything is done properly."

People said they knew the care staff team and were able to choose their preferred time of care and how they wished their care to be provided and what was important to them. One person said, "The staff help throughout the day and I look forward to seeing them." The manager told us that they provided care only where the staff could do this reliably and effectively to ensure people's needs were met. This was confirmed by healthcare professionals who we spoke with.

We found that assessments of people's needs had been carried out before they used the service. The information gathered in the assessment was used to formulate the care plan and provide guidelines for staff regarding the care which was to be provided at each visit. We saw that there were regular six-monthly recorded reviews of care plan with people and their relatives where necessary. The relative of one person said that, "They know [family member] really well and I am very happy with the care they give."

People's care records provided detailed guidelines on how each person's care and support needs were to be met, including the time when the visit should take place. People's preferences were recorded in detail and were written in a 'person centred' style about what was important to the person and how they wished their care to be provided. Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medication and some domestic tasks. We saw that there were agreements in place, signed by the person regarding the care and support to be provided.

There was a document in care plans entitled 'This Is Me' which people were invited to complete which gave additional background details. Examples included the person's background, family contacts and personal preferences as to how care and support should be delivered. It was noted that some people had declined to fill in this document and this had been recorded in their care plan. Staff we spoke with were able to describe in detail the care and support each person received.

Staff completed records of the care that they had provided during each care visit. We saw samples of the daily notes completed by care staff detailing the care and support that they had provided during each care visit.

One person said, "I am involved in reviews of my care with the staff and everything is in place for what I need." We saw that care plans and risk assessment had been reviewed to ensure they were up to date and accurately reflected people's current care needs. We saw that reviews had involved the person using the service, staff providing support and the person's relatives where appropriate. They discussed the person's care and support needs and updated the plan in response to any changes identified or the person's

preferences. Examples included, where care needs had changed following a person's return from a hospital visit. People and their relatives told us that staff had been responsive where the needs of the person had changed.

Staff told us that they had been made aware of any changes to people's care and support needs. This occurred through daily handovers where any significant information was recorded in the communication book. For example following a medical review where new medication had been prescribed. Staff confirmed that they always referred to this book to ensure that they were aware of any updates.

People and their relatives that we spoke with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I have any concerns the staff are very good at sorting it out for me". People that we spoke with said that they had no concerns about the care being provided and felt confident if the need arose that they could raise and discuss their concerns with staff at any time. A relative told us that "The manager and office staff are very good and deal with any issues or concerns quickly and efficiently - I have no concerns at present."

A copy of the service's complaints procedure was included in people's information packs kept in their flat. We saw that the complaints policy/procedure included expected time scales for response and guidelines for people on how to complain. The manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. We saw copies of previous correspondence regarding complaints that had been raised and they had been satisfactorily resolved with the complainant.

# Is the service well-led?

## Our findings

A manager was in post who was in the process of applying to be registered with CQC. People we spoke with and their relatives told us that they had regular contact with the manager and the provider's management team. They knew who to contact if they wished to discuss any concerns about the care and support being provided. One person commented, "I can speak to the staff about any problems or concerns I may have and it's always sorted out." Relatives confirmed that any concerns they raised were efficiently and effectively dealt with.

The service regularly and consistently considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals. People we spoke with confirmed that the staff often visited to check if everything was being done properly and whether there were any concerns about the care being provided.

Surveys had been sent to people and their relatives and an analysis of the 2016 surveys had been completed. The results showed that people were positive about their care and the staff and no concerns had been raised. Staff worked in partnership with other organisations and this was confirmed through the comments from health care professionals we spoke with.

Staff were aware of the whistle-blowing policy and said that they would always report any incidents of poor care practice, if needed. One member of staff said, "If I saw any poor care I would feel confident in reporting it to my manager and that I would be protected if I did." Another staff member said, "We are a good team if there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay." Staff said they felt confident in raising concerns with their manager or external agencies if they were concerned about any poor care practices.

This showed us that people were kept as safe as possible.

The manager and members of care staff we spoke with demonstrated that they understood their roles and responsibilities well. Staff we spoke with told us that they felt the service was well managed and that the manager was available and approachable. They said they felt supported and that they were able to raise issues and concerns at any time including during out of business hours. They told us their views and opinions were respected, listened to, valued and acted upon.

There were regular staff meetings and we saw minutes which confirmed this to be the case. Staff confirmed that the staff meetings helped to ensure that information and developments were shared in a consistent and reliable way. We saw that there was also a policy updates file which staff were expected to sign when they had read the update. Examples of policy updates included whistleblowing and infection control.

There was an open team work culture within the service. Staff told us they enjoyed their work at the service. Our records showed that the manager had submitted notifications to the Care Quality Commission when this had been required. From our discussions we found that the provider and staff were aware of their legal responsibilities.

The provider and operational managers and senior care staff undertook a number of audits to monitor procedures to ensure that people using the service remained safe. Audits had included the monitoring of people's care plans and risk assessments, discussions with people who used the service and staff, health and safety and staff competency regarding medication administration. We saw copies of quality audits that had been undertaken with actions for improvements. Examples included improvements to risk assessments and training for staff.