

## Housing & Care 21

# Housing & Care 21 - Lincoln Gardens

### Inspection report

Lincoln Street  
Lawrence Hill  
Bristol  
Avon  
BS5 0BZ

Date of inspection visit:  
02 May 2017

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### Ratings

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

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 26 January 2017 and three breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to Regulation 12, safe care and treatment, Regulation 18 Staffing and Regulation 17, Good governance. We took enforcement action following that inspection and served a warning notice on the provider in respect of Regulation 17, Good governance requiring them to become compliant with this regulation by April 17 2017. We also asked the provider for an action plan to show how they were going to address the breaches found.

We undertook an unannounced focussed inspection on 2 May 2017 to check that improvements required had been made following the enforcement action we had taken. We found that action had been taken to improve safety. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Housing & care 21 Lincoln Gardens on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

People were supported with their personal care needs to enable them to live in their own homes and promote their independence. Personal care was provided in an extra care housing setting, which meant accommodation was provided under a separate private tenancy agreement to people who used the service. The office was based within the same building where people had their own independent flats. People who used the service also had access to communal lounges. At the time of the inspection the service supported 36 people in their own flats.

At our previous visit the registered manager was receiving training, support and guidance at one of the providers other location and was not in day to day charge of the service. A registered manager from a different service run by Housing and Care 21 was overseeing the management of Lincoln Gardens.

At this visit the registered manager had returned to the service. 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.

Improvements had been made to the systems in place to assess and monitor the quality of the service. Systems to mitigate risks to people had been fully implemented at the time of the inspection.

Further improvements had been made to ensure that people's care records contained an accurate account of their needs. There were care plans in place where required to ensure people specific health condition was well managed.

Care plans were person centred and were audited by the service to ensure accurate information was provided to care workers.

People's risks were planned and managed in a way to protect people from the risk of inappropriate and inconsistent care. Improvements had been made to ensure that the risks associated with people's conditions were identified and staff were given guidance to minimise them.

Improvements had been made to the management of medicines, which ensured people received their medicines as prescribed. All care workers had received up to date training and competency observations to ensure that medicines were managed safely at all times. Improvements had been made in how audits of medicines records were completed.

Training records were up to date. Staff member's personnel records and comments from care workers identified that all staff were provided with training to meet people's needs effectively.

Staff were provided with regular one to one supervision meetings and spot checks of their work to ensure that they were working in an effective way.

The provider had implemented an improvement plan to make changes to the way people received their care. The registered manager was working through the actions and the provider was involved in the checking and monitoring of these actions.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety of people who used service.

Risks were planned or managed to keep people safe from the risk of inappropriate and unsafe care.

Improvements had been made to the way medicines were Managed. This ensured to ensure people received their medicines as prescribed.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Regular supervisions and appraisals for staff had been completed.

Staff had attended training and refresher courses to ensure they had good knowledge on how to meet people's individual needs.

Competency spot checks were carried out to ensure people received effective care from competent staff.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection

**Requires Improvement** ●

### Is the service well-led?

**Requires Improvement** ●

We found that action had been taken to improve the monitoring of the service.

Improvements had been made to the systems in place to assess and monitor the quality of the service. Systems to mitigate risks to people had been fully implemented at the time of the inspection.

Improvements have been made to ensure that people's care records contained an accurate account of their needs.

The provider had implemented an improvement plan to make changes to the way people received their care. The registered manager was working through the actions and the provider was involved in the checking and monitoring of these actions.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well –led at the next comprehensive inspection.

# Housing & Care 21 - Lincoln Gardens

## **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.

This inspection took place on 2 May 2017. We carried out the inspection unannounced because we were following up on concerns we found at the last inspection.

The inspection team consisted of one inspector.

Before the inspection, we reviewed information that we held about the service. This included notifications the provider is required to send us by law about incidents and events that had occurred at the service.

We visited and spoke with two people in their flats. We spoke with one relative, three members of staff, one agency staff, the registered manager, the interim manager and the administrator. We viewed three records about people's care and support, this included records that showed how medicines were managed. We also viewed records that showed how the service was managed such as risk assessments and daily records of care and support given. We looked at training records and quality assurance information.



## Our findings

At our last inspection, we found that there were risks to people's safety and welfare because people's risks were not always planned and managed to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made. We saw and were assured by the registered manager and the records that people's risks were planned to ensure they received consistent and safe care.

We found that improvements had been made to the way people's risks were planned and managed. For example; the risk assessments for one person indicated that they had diabetes. There was guidance available for staff to identify the risks associated with the condition and how to manage the risk to keep the person safe and well. The care plans gave staff guidance on the support they needed to provide appropriate care. Staff we spoke with knew this person well and provided consistent accounts of the actions they needed to take when this person was unwell. These were well documented in the records we viewed and matched what staff told us. One staff member told us "If I see signs of tiredness, sweating, and dizziness I will ask them if they had anything to eat since morning. I will check if they have had their medication. I will call 111 for advice or call the ambulance". We spoke with the registered manager who confirmed training staff had received. They also confirmed the guidance provided had enabled staff to better care for the people who had the condition. Staff also said they had a better understanding of the needs of people with diabetes since they had received training and people's care plans had been updated. One staff told us "We have received training on diabetes and it has helped me to know what to look for if they are unwell and how to support them". This meant that staff had the information to support people and mitigate their risks.

At our last inspection, we found that there were risks to people's safety and welfare because people's medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made to the way medicines were managed.

Improvements had been made in the management of medicines. We reviewed Medicines Administration Record sheets (MARs). Handwritten medication had been signed and dated. This ensured that people could be confident that they would be given the correct dose of their medicine for effective treatment. Staff had been observed regularly in medicines administration to ensure they gave people their medicines safely. There was a record and an audit of all medicines administered. The MAR charts had been completed and audits had been undertaken to ensure medicines were being safely administered. All issues identified were followed up with staff members and action taken, for example, retraining in medicines administration and

staff competency observations. People told us they felt safe with staff. One person told us "I have always felt safe with staff". I have no concerns. Another person said "Staff give me my medicine safely. One relative told us "On the whole my relative is safe with staff. I am confident that she is well looked after. I know they give them their medicines safely. No issues at all."

Improvements had made in the monitoring of incidents and accidents to reduce reoccurrence. The service had developed a system for monitoring accidents and incidents. We reviewed the records of recent accidents and incidents and saw these and been reviewed and action plans had been developed which described the action to remove the likelihood of such incidents re-occurring. For example risk assessments and care plans had been reviewed for a person who had frequent falls





## Our findings

At our last visit we found that staff were not undertaking supervision and appraisals in accordance with the provider's policy. Also staff had not been provided with adequate training to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this visit, regular training, formal supervisions and appraisals had been consistently provided to staff. The record we saw showed that formal supervisions were carried out in accordance with the providers policy document known as Value Individual Performance (VIP) of four times over 12 months period. For example, of the all supervisions needed had now been completed. All direct observations and medication competency checks needed had been completed. In addition the team had now received regular one to ones and team meetings. We also noted that all care staff had received competency spots as a part of their VIP in the last 12months. Carrying out competency checks meant we could be assured staff had received the necessary training and support they require. This would enable them to carry out their roles and responsibilities to meet people's needs effectively. Comments from staff included "I have received regular supervision" and "I have had recent spot checks to make sure I am doing my work well". Supervision notes we saw within staff support files were detailed and covered topics such as, performance feedback, training needs and peoples care support logs, medication administration records and staff rotas. Appraisals had commenced to review staff overall performance and provide them with appropriate support if needed to ensure people's needs were met. The registered manager told us that this was work in progress and would be completed on time. One staff told us "I had an appraisal recently. We talked about work in the past year and the training I need this year. I was really nice". This meant improvement had been made to ensure staff received supervisions and appraisals to support them in their roles.

Staff members told us that they felt they had received enough training to fulfil their role. One care worker told us, "We have received so much training since the last inspection and there are more to come; you can always ask if you need more. We also do on line training on FRED". This is an online staff training portal for the organisation. The registered manager provided us with an updated training matrix which reflected required and refresher training completed and scheduled for care workers. The training matrix verified when care workers had completed their required training or when refresher courses were due, such as; medication, documentation, dementia, diabetes, health and safety, fire awareness, basic life support, mental health awareness and safeguarding, assisted moving and pressure sore awareness. Staff confirmed they had completed the required trainings to enhance their skill and knowledge to perform their roles effectively. One staff member told us "I found out from refresher course on medication to always check the MAR before you give any medicine so you don't give a double dose. It was really good". This meant the

provider had made improvement in ensuring that staff received enough training to meet the needs of people they supported.



## Our findings

At our last visit, we found that there were not effective systems in place to monitor and mitigate risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this visit, we found that improvements had been made to ensure that the service was consistently monitored.

We found the records we viewed contained up to date assessments or risk management plans when people's needs had changed or incidents had occurred. For example; staff knew the risks people may face and were able to explain how they needed to be supported to keep them safe. One staff member told us "I will follow the support plan and I will make sure I don't leave things around that will make them trip." The records we viewed reflected this. Staff told us that they felt the records had improved since our last inspection. Comments included "We had training on recording and documentation. It is really very helpful". We saw that records contained enough detailed information to ensure people received consistent care. Care plans were person centred and were audited by the service. This was to ensure accurate information was provided to care workers. For example care plan of a person with poor mobility and frequent falls had detailed information on how to support them to keep them safe.

We were told by the registered manager that the a member of the senior management team undertook spot checks of records when they visited the service. The report of their most recent visit shown to us evidenced that these had been completed. We were told that the manager from a different Housing and Care 21 location and the administrator would remain in Lincoln Gardens to provide additional support to the registered manager for another three months. This would enable them to work through the outstanding service improvement plans. We saw the registered manager was aware of the concerns identified and was working through the actions to drive improvement. This meant that the risk of people receiving inconsistent and inappropriate care was reduced. This was because there was an effective system in place to ensure that there was an up to date and accurate record of people's current needs. The action plan in place highlighted specific areas that needed improvements. We saw that specific members of staff had been allocated to undertake the actions. The registered manager told us and we saw that where actions had been completed these were signed off and sent to the provider's senior managers to ensure they had an overview of the improvements made. We saw that there were still some outstanding areas that needed improvement. The management team were in the process of working through these actions.

Other improvements made to the systems to ensure the service was regularly monitored included all senior care staff were being retrained in how to manage and audit medicines monthly. The medicine audits would

identify if there were gaps or errors in recording. We saw that audits were being completed and any issues identified followed up and action had been taken to prevent further errors. Other actions included medicine refresher training for staff and discussions in staff supervisions.

The safety of the service was monitored regularly. There was a system in place to record incidents and accidents when they occurred. The reports of such events were analysed to identify any emerging trends and areas of risk. In response to this information action plans were developed which described the action to remove the likelihood of such incidents re-occurring. For example, the GP was informed of a person with frequent falls who was subsequently referred to appropriate health professionals.

Staff said there had been improvement in the leadership of the service since the last inspection. They told us they felt more involved in the management of the service and felt more valued. There had been regular staff meetings where client's needs were discussed as well as staff training and supervision. Other comments included, "There have been improvements in that the management is more structured and more organised we are working as a team. It is a lot better now. We know what we are doing and what we have to do". Another comment was, "The team in the office are brilliant. They are approachable and there is a lot of laughter" and, "The communication has improved and the care plans are better now and the management tell us if we need to do things for people in a better way". Staff and relatives told us they felt the registered manager listened to them and they had confidence that any concerns or suggestions would be acted on. Staff members told us "I find the registered approachable" and "I get on well with the manager. I think she had changed things round since she came back". One relative said "The registered manager [Person's name] is brilliant. They have been away for a bit but I am glad she is back". However, One staff member told us, they did not feel supported by the registered manager. We fed this back to the registered manager who told us they would ensure they were more accessible to all staff to provide them with all needed support. They told us they would remind staff of the open door policy at the next staff meeting. We saw there had been staff meetings undertaken to ensure staff understood the provider's policies and procedures and staff had an overview of what was expected of them.

To enable the service to further improve and sustain the implemented service plan, the provider told us they were currently recruiting to a care team leader position. This would support the registered manager in day to day management tasks along with the two senior carers already in place. They had installed an additional two computers in the care office to enable all senior staff to work on computer when needed. One of these computers was a staff portal to enable care staff to complete their e-learning on site as required rather than travel to a different service. They told us they were currently staffing the service with two additional senior care staff to enable the action plan to be completed. We saw this was in place when we visited.