

Housing 21

Housing & Care 21 - Ash Lea Court

Inspection report

Lyddington Road
Bristol
BS7 0UU

Tel: 03701924465
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?	Good ●

Summary of findings

Overall summary

Inspection summary

About the service: Housing & Care 21 Ash Lea Court is an extra care housing scheme for older people, comprising of 48 flats with some communal areas. People who lived at the service had a separate care and tenancy agreement. At the time of our inspection, the service supported 19 people with personal care. Some people who lived at the service received care and support from another provider. Other people required social and domestic visits or welfare calls only.

People's experience of using this service:

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. People were confident to raise any concerns they had with staff and the registered manager.

Risk assessments had been developed to minimise the potential risk of harm to people. Risk assessments had been kept under review and were relevant to the care provided.

Staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

People received their medicines as required, from trained and competent staff.

Staff ensured people were protected from the risk of infection.

Staffing levels were sufficient to meet people's needs and protected them from harm. Plans were in place to recruit more staff and to increase staffing levels.

Staff had received training to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to maintain good health, and staff liaised with external healthcare providers where appropriate to ensure that care was provided in a way that met people's needs.

People's nutritional needs were met, and people were assisted to prepare meals if they required this level of support.

People received information about the service in a way they could understand and chose how to live their lives in the least restrictive way possible.

Peoples care, and support was planned in a person-centred way and people chose how they liked their care to be delivered. People were supported by staff who were aware of people's life history and preferences and staff used this information to develop positive relationships.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Lessons were learnt when things went wrong and systems were improved if needed. The registered manager had a clear understanding of their role and responsibilities.

The service was well-led by a dedicated management team who demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them.

There were effective processes in place to monitor the quality and safety of the service.

Rating at last inspection: Good (report published 08 December 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until the next inspection. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Housing & Care 21 - Ash Lea Court

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection of Housing & Care 21 - Ash Lea Court was carried out by one Adult Social Care Inspector.

Service type: Housing & Care 21 - Ash Lea Court is an extra care housing scheme. The CQC only regulates personal care provided to people at the service and not the accommodation people lived in. For this reason, we only looked at the care people received.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection of the service was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager, staff and people were available to speak with us.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we met with three people who received personal care from the service, to ask about

their experience of the care provided. We spoke with five members of staff including the registered manager, manager and care staff.

We reviewed a range of records. This included three people's care records and medicines records. We also looked at four staff files to check the recruitment of staff. We reviewed records relating to the management of the service and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The staff we spoke with were knowledgeable about what they would do if they suspected abuse. Staff attended safeguarding training regularly.
- We saw detailed safeguarding policies and procedures were in place. The registered manager was the service's safeguarding lead.
- Records confirmed the service had liaised with local authority safeguarding teams when concerns had been raised.
- People told us they felt safe being supported by members of staff. Their comments included, "I feel very safe. The staff are all great", and "Definitely they are all very gentle and lovely natured".

Assessing risk, safety monitoring and management. Learning lessons when things go wrong.

- People's needs were assessed to enable the service to support people safety.
- Where risks had been identified risk assessments were put into place. They contained information about each risk and how they were managed.
- Risk assessments were in place which reflected people's needs. Information recorded within people's support plans identified risks associated with individuals care and support needs. These related to people's manual handling needs, medication and environmental risks,
- Risk assessments were reviewed each month or earlier if people's needs changed.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Accidents and untoward events were reviewed to make sure lessons could be learnt for the future.

Staffing and recruitment.

- There were sufficient numbers of staff available to keep people safe.
- People told us there were sufficient numbers of staff available to provide the care and support. •The registered manager was in the process of recruiting more staff with new staff going through the appropriate recruitment checks.
- The registered manager told us they looked to increase staffing levels from four staff each morning to five staff. This was because they had noticed this was a busy time of day.
- People's visits were carried out with no missed calls.
- The registered manager helped with people's visits when needed. On the day of the inspection two staff had phoned in sick for the morning shift however the service managed this well. Staff and the registered manager had picked up extra visits to support people.
- Staff gave us the following feedback when asked if the service employed enough staff, "Yes we have enough staff on paper, but we do need the fifth member of staff. It will ease the pressure" and "It was really busy a few weeks ago with two people unwell and more so on a morning. I am looking forward to having the new

staff start".

- The provider had a safe recruitment system in place. Employment checks were in place before staff started working with people who used the service.

Using medicines safely.

- The service had safe measures in place in respect of the management of medicines.
- Where people needed support with their medicines, the level of assistance they needed was assessed and a plan of care written.
- Before care staff were able to support people with their medicines they received medicines training and then their competency was checked to ensure they followed safe practice.
- People we spoke with told us their medicines were administered safely.
- We looked at the Medication Administration Records [MAR] for people. These showed what medicines had been prescribed and were being administered to people.

Preventing and controlling infection.

- Suitable measures were in place to prevent and control infection.
- All staff received health and safety training as part of the mandatory training programme. This included infection control and food safety training.
- Staff were provided with personal protective equipment (PPE), gloves, aprons and hand sanitising gels.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, eating and drinking requirements and other aspects of their daily lives. This was to check if people's needs could be met.
- People confirmed that the registered manager had assessed their needs before they received care from the service.
- Regular reviews were carried out to check the service could meet people's needs. The registered manager told us some people's care packages were reduced or increased due to changes in people's needs. This was often an outcome from review meetings.
- Staff had a good understanding of equality and diversity. People were asked if they had any religious or cultural needs. This was so the staff could support people and provide person centred care.

Staff support: induction, training, skills and experience.

- Newly employed staff were required to complete an induction before providing care. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.
- New staff spent time shadowing experienced staff before they worked unsupervised.
- The provider maintained individual staff records of training courses completed by staff. This consisted of the mandatory training that staff were expected to complete to provide effective care to people.
- Staff received regular supervision. We saw a plan was in place to ensure supervision was provided on a regular basis.
- All the staff we spoke with confirmed they felt supported by the service and had received an effective induction.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were protected from malnutrition and dehydration.
- Where people needed support with meal preparation or eating their meals, the level of support was detailed within their support plan.
- Care staff were given clear instructions on the care and support they needed to provide. This may have involved making breakfast, lunch and tea time meals and hot and cold drinks.
- Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- If people were at risk of poor nutrition their support plan took into account their needs and choices around

food and drink, and appropriate records were kept monitoring their intake.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- Staff confirmed good communication with each other and with the office making sure any changes in people's care needs were communicated effectively.
- People were supported to consult with health and social care professionals as necessary. This included people's GP's, district nurses or community based occupational therapists and physiotherapists.
- The provider told us they had good relationships with local professionals and they worked in partnership to assess people's needs and arrange packages of care that promoted people's well-being and independence.

Ensuring consent to care and treatment in line with law and guidance.

- 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.
- When people were assessed to have support from the service, the person's capacity to make decisions for themselves was assessed. This was kept under review.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- We observed staff were kind and caring. Staff spoke about people with compassion and respect.
- Staff we spoke with were passionate about providing person-centred care.
- People told us they were very happy with the staff. People we spoke with all told us the staff were kind and caring. One person told us, "They are all a great bunch of caring staff", "I would say they are all very caring and considerate".
- People's diverse needs were recorded and staff we spoke with demonstrated a good understanding of people's personalities, individual needs and what was important to them. All staff attended equality and diversity training and understood the importance of understanding people's needs.
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.

Supporting people to express their views and be involved in making decisions about their care.

- Staff spoken with recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- Care records we looked at contained evidence that people who received support had been involved with and were at the centre of developing their support plans.
- The registered manager told us they supported people to make decisions about their care and knew when people needed support with decision making.
- We were told that independent advocates helped to support decision-making for people when needed. Support from an independent advocate had been recently sought. This was because one person had found it increasingly difficult to communicate their needs to staff.
- We saw multi-disciplinary meetings being held and saw people were involved in these meetings to discuss their needs and to make decisions about the care.

Respecting and promoting people's privacy, dignity and independence.

- We saw staff treated people with respect and maintained their privacy and dignity.
- All of the staff at the service were dignity champions. The dignity champions had pledged to promote the '10 dignity do's'. This involved challenging poor care and acting as a role model to others.
- Staff were sensitive to the needs and preferences of people when undertaking personal care tasks. Family members were kindly asked to give people privacy when assisting with sensitive care tasks. Spot checks carried out evidenced that the usual closing of doors and curtains, as well as giving privacy to use the toilet

was maintained at all times.

- People were supported by staff to maintain their independence. Support plans contained information about what people could do for themselves and what they needed support with.
- The registered manager gave an example that demonstrated people's independence was promoted.
- One person had previously lived in a care home before moving to the service. The person was supervised with all tasks in the care home and had little privacy. The person was not being taken out, had a poor diet, limited choices and their mental health had suffered as a result. The person moved to Ash Lea Court and with limited support now manages their own home and finances. The staff helped the person to arrange redecoration and furnishing of their flat, which they take great pride in. They now can easily access the shops with support, can shower and look after their appearance independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's support plans recorded their likes, dislikes and what was important to the person. The support plans were regularly reviewed and updated. Reviews were carried out with people and their families.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with this information. Staff told us people's support plans were kept in people's flats for them to follow. They were aware when any reviews had been carried out to ensure people's changing needs were met.
- Staff worked closely with the housing manager who worked for the company who owned the building. This was separate from Housing & Care 21 Ash Lea Court. Both manager's met to devise activities plans together which people could then attend.
- People participated in a range of activities. The service was not commissioned to provide activities to people.
- Examples of activities which people took part in included monthly quiz's with coffee and cake. During one monthly quiz staff and people had to guess the names of staff or people from baby photographs when they were younger.
- The registered manager's goal over the next 12 months was to continue to increase the activities offered at Ash Lea court. People were to be encouraged to make choices about the types of activities that they wanted to take part in. The registered manager planned for more day trips to take place. They planned to continue to work closely with the housing provider to draw up plans.
- People received information in an accessible formats and the registered manager was meeting the Accessible Information Standard.
- Staff were aware of how to present information to people for them to understand. People's communication needs were known and understood by staff. The registered manager had sourced some specialised communication cards to aid communication between staff and one person that lived at the service.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place. Complaints were handled in the correct way. The registered manager had devised a tracker to monitor complaints. This showed how many complaints had been made, what they were regarding and when they had been resolved.
- People who used the service told us they would feel able to raise any concerns with staff and were listened to. One person told us, "I have no complaints but if I did I would speak up".
- We saw complaints made had been looked at promptly and carefully by the registered manager. Action plans were put in place to prevent similar issues arising again.

End of life care and support.

- At the time of our inspection the service was not supporting any person to receive end of life care.

- The registered manager told us that recently staff supported a person and their family at the end of their life. The person was diagnosed with a terminal illness and had asked to stay at home without hospital treatment. The service respected the person's wishes and completed a review of their care needs. This included writing an advanced end of life care plan with the person. The appropriate equipment and medicines was put into place for the person.
- The staff cared for the person for several weeks, ensuring that each day they liaised with the family in a private space to update them on the person's condition. The family were offered to use the guest suite nearby. This gave them a separate private space to go to whilst personal care was provided. The person passed away peacefully within their own home with staff and the person's family around.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager was also the manager at another of the providers service's and divided their time between the two services'. The registered manager planned to deregister as the manager of Housing & Care 21 Ash Lea Court. However, they planned to remain as registered manager at their other service. We met the new manager at the inspection visit and plans were in place to register as a manager with the CQC.
- The registered manager and manager provided strong leadership and everyone we spoke with told us that both managers were approachable and friendly.
- Staff were proud to be working at the service. Staff we spoke with told us, "I am proud of the care that we provide" and "I have worked here many years and I like the fact that I can make a difference to people".
- An area manager supported the registered manager and visited regularly to meet with people and to carry out audits of the service.
- The registered manager monitored the quality of care delivered within the service on a regular basis. They had developed a rolling schedule of internal audits, which helped them to monitor the service.
- The registered manager understood their legal duties and submitted notifications to CQC as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People we spoke with were happy with the quality of care provided. One person told us, "Yes, I would say I receive a good standard of care".
- We found the registered manager and management team were open and transparent. They focused on the needs of the people and on their wellbeing and strived to give them the best quality of life possible.
- The management team were confident they provided the best possible experiences for people.
- Regular staff meetings were held to keep staff up to date with any updates or changes within the organisation. We looked at the minutes of previous meetings and noted a range of areas were discussed. At the last meeting held February 2019 the registered manager discussed people's wellbeing and any concerns that the staff had at the time.
- The registered managers vision for the next 12 months was to continue to provide a safe environment for people, staff and visitors. They also planned to increase the amount of care hours delivered within the service which would reduce the number of outside agencies providing care to people. The registered manager told us this would benefit people who would receive consistent level of care from one provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider had a system in place to formally gather feedback about the quality of care from people who used the service. An inclusive and objective approach was used, and we saw that action plans were devised in response to this feedback to drive improvement.
- The service had a notice board outside of the manager's office with the headings 'Leaf us some feedback'. Notes in the shape of leaf's were available for people to leave feedback about their experience of the service. Comments left on the tree included, "The care staff are very good. 10 out of 10" and "Thank you muchly, whenever needed, you respond".
- Staff told us their feedback about the quality of care was sought through one to one meetings and staff meetings. Staff told us that their views were listened to and acted upon to improve the quality of care.

Continuous learning and improving care. Working in partnership with others.

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The service worked with health and social care professionals to provide joined up and consistent care for people. The registered manager attended forum meetings run by the local authority. They engaged at meetings with other care providers and networked, sharing ideas.