Circle Care And Support

Windmill Court Extra Care Service

Inspection report

4a Weale Road
London
E4 6BP

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21 January 2019

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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

Windmill Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in 44 self-contained one or two bedroom flats in a single building. There was a communal area on each floor and a communal dining area on the ground floor. At the time of this inspection, 32 flats were receiving a personal care and support service.

This inspection took place on 14 and 21 January 2019 and was announced. At the previous inspection which took place on 22 August 2016 the service was rated as Good.

The service did not have a registered manager. 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. The previous registered manager had left employment in July 2018 and the provider was in the process of recruiting to the position. A senior member of the care staff team was acting as interim manager.

Staff were knowledgeable about reporting safeguarding concerns and whistleblowing. The provider carried out risk assessments to reduce the risks of harm people may face. Recruitment checks were carried out before new staff began working at the service. There were enough staff employed to meet people's needs and keep them safe. The provider had systems in place to manage people's medicines safely. People were protected from the risks associated with the spread of infection. The provider had systems in place to record and learn from accidents and incidents.

The provider assessed people's needs before they began to use the service to ensure the right care could be provided. Staff were supported with training opportunities and regular supervision. There were communication systems in place to ensure changes in people's needs were passed onto staff coming on duty. People were supported with their nutrition and to maintain their health. The provider and staff understood the requirements of the Mental Capacity Act (2005) and the need to obtain documented and verbal consent before delivering care.

Staff were knowledgeable about people's care needs and preferences. Staff understood how to develop caring relationships with people. The provider involved people and their relatives in the care planning process. Staff were knowledgeable about equality and diversity. People' privacy, dignity and independence were promoted.

People's care preferences were respected. Staff understood how to deliver personalised care. Care plans were personalised and contained people's preferences. People's communication needs were met. The provider had a system to record and deal with complaints. Staff received end of life care training so they would be prepared to provide this type of care appropriately should this be required.

The provider had a system to obtain feedback from people using the service and their relatives in order to identify areas for improvement. People and staff had regular meetings to keep updated on service development. The provider carried out quality audits and worked in partnership with other agencies to identify areas for improvement.

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. The provider had systems in place to safeguard people from the risk of harm or abuse.

People had risk assessments carried out to mitigate the risks of harm they may face.

The provider had a safe recruitment procedure in place.

There were enough staff employed to ensure people's needs could be met.

Medicines were managed safely.

People were protected from the risks associated with the spread of infection.

The provider had systems in place to record and learn from accidents and incidents.

Is the service effective?

Good

The service was effective. People had an assessment before they began to use the service, so the provider could ensure they could meet the person's needs.

Staff were supported in their role with training opportunities and supervisions.

The provider had effective communication systems in place to ensure changes in people's needs was passed onto staff coming on duty.

People were supported with their nutritional and healthcare needs.

Staff understood the need to obtain consent from people before delivering care.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about people's care needs and preferences.

The provider involved people and their representatives in making decisions about the care.

Staff knew how to deliver an equitable service.

People's privacy, dignity and independence was promoted.

Is the service responsive?

Good

The service was responsive. Care staff delivered a personalised service. Care plans were personalised and contained people's preferences.

The provider met people's communication needs.

Complaints were recorded and dealt with appropriately.

The provider ensured staff were prepared to provide end of life care appropriately should this be needed.

Is the service well-led?

Good

The service was well led. People and staff spoke positively about the leadership in the service.

The provider had a system of obtaining feedback from people using the service and visitors about the quality of service provided.

People using the service had regular meetings to be updated on service development.

Staff had regular meetings, so they could be updated on policies and procedures.

The provider carried out quality audit checks, so they could identify ways to improve the service.

The service worked in partnership with other agencies to make improvements to the service.

Windmill Court Extra Care Service

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.

The inspection was prompted by concerns raised by members of the public in relation to the quality of care provided.

This inspection took place on 14 and 21 January 2019 and was announced. The provider was given 24 hours' notice to ensure there was somebody at the location to allow us entry into the building. One inspector carried out this inspection.

Before the inspection, we looked at the evidence we already held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is 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 contacted the local authority with responsibility for commissioning care from the service to seek their views about the service.

During the inspection, we spoke with seven staff which included the locality business manager, the learning officer, senior care and support worker and four care and support workers. We also spoke with four people who used the service. We reviewed four care records including risk assessments and care plans and reviewed four staff records including recruitment and supervision. We looked at records relating to how the service was managed including staff training, medicines, policies and procedures and quality assurance documentation.

After the inspection we spoke with two relatives of people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. A relative said, "Yes, [safe] indeed. I have no problems." Another relative said, "Definitely [safe]."

The provider had safeguarding and whistleblowing policies which gave clear guidance to staff on the actions to take if they suspected somebody was being abused. Training records showed staff had received training in the safeguarding of adults. Staff understood what abuse was and told us the actions they would take if they suspected somebody was being abused. One staff member told us, "First I would speak to the senior and if I feel it's not well handled I can go to the manager and give them time to handle whatever I have reported and if not, I can go to the council or CQC." Another staff member said, "If you notice any wrongdoing you need to report it straight away. You have the right to go to the person at the top or to the authorities." This meant the provider had systems in place to safeguard people from the risk of harm or abuse.

People had risk assessments carried out to reduce the risks of harm they may face. Risk assessments were detailed and included falls, moving and handling, fire, skin integrity, self-neglect, finances, medicines and environment. For example, one person's fire risk assessment stated, "[Person] supports mobility around home independently but has access to a wheelchair which can be used for long distance journeys to appointments. [Person] has capacity to follow evacuation plan. Details and necessary actions in place." People signed their risk assessments to indicate their agreement.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. Staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references. New staff had undergone criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates to check their continued suitability. This meant a safe recruitment procedure was in place.

People told us that staff visited them according to their care plan and no visits were missed. Staff told us there was always enough staff on duty to cover all visits. The service was staffed 24 hours a day. Records showed there were enough staff on duty to meet people's needs.

The provider had a comprehensive medicine policy and staff had been trained to safely support people with their medicines. Each person had a medicine care plan kept in their 'home file' in their flat. Medicine care plans listed all the medicines the person was prescribed, whether they required support with their medicines, who was responsible for re-ordering and collecting the medicines and where in the flat the medicines were stored. Medicine Administration Record (MAR) charts were stored in people's flats. We reviewed the MAR charts for four people and these had been completed by staff correctly. There were no gaps in signatures on the charts indicating that people received their medicines as prescribed. This meant the provider had appropriate arrangements in place for the safe management of medicines.

The provider had systems in place to prevent the spread of infection. Training records showed staff had

received infection control training. Staff told us they were provided with sufficient amounts of personal protective equipment, such as, gloves, aprons and shoe covers, to do their job. The provider had an infection control policy which gave clear guidance to staff about preventing the spread of infection.

The service kept records of accidents and incidents and these detailed the actions taken to prevent reoccurrence. The senior care and support worker gave us an example of how the service learnt lessons from incidents. They told us, "We have a policy where we do welfare checks. If anybody does not want to be disturbed, they put a green card outside. We have a [person using the service] who requested weekly checks. Sometimes we see [person] going in and out. One day the green card for [person] was not seen. We knocked on the door, no answer but we were not worried. [Person's] private carer came and no answer so now we were concerned because they never miss their private carer's visits. We used the master key [to enter flat] and found person had passed away. This is the lesson we learnt so now everyone has been explained that if there is no green card outside, staff will let themselves in for a welfare check. One person has signed a disclaimer to say does not want a morning welfare check, so this check takes place in the afternoon." This meant the provider had systems in place to record and learn from accidents and incidents.

Good

Is the service effective?

Our findings

People told us they were happy with the service provided. One person told us, "I'm over the moon. I've got a nice house, I've got lovely staff." Another person said, "It's like a five star hotel. It's really good. I like all the girls they are all angels to me. I am getting old that's the worst thing. They always pop in to see how I am when I am not well." We asked people if they thought staff had the skills needed to deliver care. One person told us, "Yes, they were born with it [the skills]." Another person said, "It's all right. I think they [staff] are clever."

Relatives told us they were happy with the service provided. We asked relatives if they thought staff had the skills needed to provide care. One relative told us, "Yes, to the required degree." Another relative said, "Yes, they do get training. A lot of staff have been there a long time, that's why they are so good."

People had an assessment of their care needs carried out before they began to use the service. Information gathered during the assessment included needs around personal care, nutrition, mobility, health, relationships, culture and religion. This meant people's needs were assessed and important information about the person could be captured to ensure the service could meet their needs.

Staff told us they had regular training opportunities and found this useful. One staff member said, "I must say we get training most times. Oh yes, it's all about what we are doing and new things we can be doing to make the place run effectively." Another staff member told us, "Yes. Very useful. We get the refresher course every year." This staff member told us, "We have e-learning to test our brain but also have someone coming in to do face to face training."

The service had a room dedicated to staff training sessions which contained training equipment such as a bed and a hoist. Records showed staff had received safety-related training including moving and handling, fire safety and health and safety. As part of the training plan for 2019 arrangements were being made for staff to complete refresher courses in epilepsy and first aid. Training records showed staff were also offered training such as mental health awareness, autism and Asperger's awareness, dementia, and pressure ulcers. This meant people were supported by suitably trained staff.

The provider offered staff support through regular supervision. Staff told us supervision sessions were useful. One staff member told us, "Yes, very, very useful because whatever concerns you have you talk to your direct supervisor." Another staff member said, "Very, very useful. That's when you can say if you have anything you don't understand. It's an opportunity to speak out." Topics discussed in supervisions included, the staff member's wellbeing, customer issues, involvement of people using the service, safeguarding, accident and incident reporting and infection control. This meant staff were supported to carry out their role.

People were supported with their nutritional needs and dietary requirements. One person told us, "They [staff] pop in to check I have cooked properly." Care plans contained information for staff on how to support people with their nutritional needs including whether the family was responsible for food shopping. One staff member told us, "The majority [of people using the service] have [brand name] foods. We support them

with feeding as well. We are aware of everyone's preference."

Staff told us there were good communication systems within the service and they were made aware if anybody's care needs changed. One staff member told us, "Through the handover and the staff, if there's any change you will know. The seniors will even tell you." Another staff member said, "[We know] through the seniors and it will be updated in their [person's] folder. Sometimes the family will talk to us if they have noticed any changes. Also, when we do handovers as well, if there's any changes in their health or their behaviour, we know." Records showed handovers between shifts were thorough. This meant staff received updates on people's well-being and changes in need.

People confirmed that staff supported them to maintain their health. Staff described the support they gave people with their healthcare needs. One staff member told us, "If we notice there's anything we will make appointments. We escort people to hospital appointments. If we notice anyone is unwell we will call the ambulance. We have nurses in and out to see some of the residents. We call rapid response – they are quite good." Another staff member said, "We support [people using the service] with personal care, communicate with them. If we have any spare time pop in and have a chat with them. Support them with their medication and with their meals." This meant people were assisted to maintain their health.

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. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA and understood the principles. One staff member told us, "The mental capacity act was designed to support people. We shouldn't assume people don't have capacity and if they are not able to make that decision, we need to make that decision in their best interest to safeguard them and to respect their human rights." Another staff member said, "Everybody has capacity here at the moment. There is a law in place to protect those who need help to make decisions."

People confirmed that staff asked for their consent before delivering care. One person told us, "Yes they do ask my consent, and they always say please." Staff explained when they asked for consent. One staff member said, "In this setting as soon as I get in [to their flat]. I ask them before I do anything." Another staff member told us, "You treat them with respect and dignity. I think all the time you need that consent, so we always ask before we do anything." A third staff member said, "It's all based on when they want us and what they want us to do. We knock first. We always put the question, 'How can we help you'?" This meant the provider and staff were working within the requirements of the MCA.

Good

Is the service caring?

Our findings

People told us staff at the service were caring. One person told us, "Yes definitely caring. Lovely persons the ladies here. The most important thing is I've got my independence and my privacy." Another person said, "I've never seen such a lovely group of ladies. They respect everything." A third person told us, "They are like Mums. We have good conversation, we have arguments and then we have a good laugh together. That shows friendship."

Relatives told us staff were caring. One relative said, "They are brilliant." Another relative said, "Definitely caring. They really are a shining light."

Staff were knowledgeable about people's care needs and preferences and described how they got to know people. One staff member told us, "The care plan first, you have to read it. Chatting with them because when you talk to them they tell you a lot." Another staff member said, "Before they move in, they have their care plan. We have pre-knowledge of what they are like before meeting them for the first time. When I go to their flat to support them, I start talking and asking them questions. It's how they get to be relaxed." A third staff member told us, "By reading the file, reading their care package so you prepare yourself. By getting to sit down and chat with them, ask them about their past, knowing what they like, chatting to the families when they come in."

The provider had a system of keyworking. A keyworker is a named member of staff who has overall responsibility for a person's care. This role at Windmill Court included ensuring a person's medicine and nutrition needs were met, that they had enough clothing and communication with the family. Keyworkers wrote a monthly report about the person's wellbeing, key events and any changes in care needs.

Relatives told us the service communicated well and kept them updated on their family member's well-being. One relative gave an example of where the service had contacted them when the person was having difficulty eating. The relative explained that a meeting was held and it was decided to increase the person's support hours.

Staff explained how they ensured family were involved in the person's care. One staff member told us, "The families are quite involved. They talk to us when they come in and some of them are involved in the care also. We have some who come and take [person] out to church or the mosque. So, they are very involved, and we are quite open. If there is any changes they are always informed. People [using the service] are very involved in all the decision making whether it is their health, their wellbeing or their surroundings." Another staff member said, "The [people using the service], most of them have capacity. We ask the [people who use the service] what they want all the time because there could be changes."

The provider had an equality and diversity policy. We asked the senior care and support worker how they ensured staff knew about equality and diversity. They told us, "We have not had any concerns or issues. You do have that conversation at times. We have a policy in place. Equality and Diversity is always on the [team meeting] agenda." Staff explained how they ensured people were treated fairly and equally. One staff

member told us, "Respect is important when you are providing care. It's about what they want and not where they have come from." Another staff member said, "We treat them with dignity, we listen to them, we respect them and we show a caring attitude and we treat them as equal. It's about them isn't it? Making sure their questions are answered so that at the end of the day they feel satisfied that they matter to you."

We asked staff how they would support people who identified as lesbian, gay, bisexual or transgender. One staff member told us, "I have got gay friends so I haven't got a problem with that. The same support I would give a straight person I would give to them." Another staff member said, "We are all the same you let them feel welcome and let them feel at home." A third staff member told us, "Everyone is equal. Whatever your sexuality is, you should not be discriminated against. Everybody is welcome and should not be ignored or treated as less valued." This meant staff were aware of equality and diversity.

People confirmed their privacy and dignity were promoted. Staff explained how they ensured they promoted people's privacy and dignity. One staff member told us, "By keeping their [people using the service] files confidential. By not discussing about them with any other [people]. Close the curtains, close the door. If there is somebody there ask them if we can be excused." Another staff member said, "I make sure I knock before I go into their flat. I will [ask] them, 'please can I shut your curtains?' If they have a visitor I always say, 'can you please excuse us'." This meant people's privacy and dignity was maintained.

People's independence was promoted. Staff explained how they promoted people's independence. One staff member told us, "By encouraging them to do what they can do on their own. Giving care is all about promoting independence." This staff member gave an example of how they support a person who feels bad if they don't do things for themselves and how it makes them feel good when they achieve something. Another staff member said, "For the ones that still have the ability to do things, instead of doing everything for them I try to encourage them and say, 'you can still do this'."

Good

Is the service responsive?

Our findings

People received a personalised care service and staff understood how to deliver this. One staff member told us, "Everyone's needs are different. As you work with [a person] you get used to them and you are able to provide a good service to them and they are happy at the end of the day." Another staff member said, "Where you give someone the right to make choice and decisions for themselves. I would do exactly what they want me to do."

Care records were detailed, personalised and contained people's preferences. For example, one person's care plan stated, "I can use my zimmer frame around the flat and the communal areas. I might need support from staff time to time. I can mobilise slowly with the zimmer frame. My family supports me with appointments and food shopping." Another person's care plan stated, "I am independent and wish to remain as independent as I can be for as long as possible."

The provider understood what was required of them by the Accessible Information Standard (AIS). The AIS requires providers to evidence that they record, flag and meet the accessible communication needs of people using the service. Each person's communication needs were detailed in their care plan.

The senior care and support worker told us, "For people with hearing difficulty from the assessment I will find out what the level of difficulty is and I would put in the care plan how people should communicate. It might be a hearing aid will be sufficient or it might be hand gestures. With a person with no sight on the care plan it would be specific in that you have to approach them slowly and put yourself in a position where they can sense your presence. Speak calmly."

The service held activities in the communal areas of the building. The weekly activity timetable included a dementia group, board games, bingo, film night and fish and chips supper. The timetable also showed twice a month there was a reminiscence group and Sunday lunch and a monthly house meeting for people. The activities folder showed regular themed lunches were held and outside entertainers visited.

People knew how to make a complaint if they were not happy with the service provided. One person told us, "Can't say I have got any complaints. I would normally tell the member of staff." Another person said, "I [have no need to] complain. They look after me and make sure I'm alright." A third person told us, "I would press this [pendant alarm] and somebody would come up and I would ask for the manageress." Relatives told us they had not needed to make a complaint.

The management and staff were knowledgeable about the actions to take and procedure to follow if somebody wished to make a complaint. The provider had a detailed complaints policy which gave clear guidance to staff about how to process a complaint. Records showed three complaints were made during 2018 and had been dealt with appropriately.

The provider kept a record of compliments made about the service. For example, a letter thanking staff was received which stated, "I cannot thank you enough for the high standard of care you provided."

The provider did not directly provide end of life care and there was currently nobody using the service requiring support at the end of their life. However, staff received training in end of life care and the service had an end of life care policy to give guidance to staff on how to support somebody who was approaching the end of their life. The policy noted that staff should work in partnership with specialist end of life professionals to meet the palliative care needs of a person in the event they were identified as needing end of life care. This meant the provider ensured staff would be prepared should anybody using the service require care at the end of their life.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post. The senior care and support worker was managing the service in the interim period with the support of the locality business manager. People and relatives told us they thought the service was well run. One person said, "If I wasn't happy I would tell them." A relative told us, "I think the service is really well run."

Staff gave positive feedback about the leadership and the teamwork within the service. One staff member told us, "Yes, we have good support within the team. We help each other. The managers are supportive." Another staff member said, "Yes. The seniors, they support us and the management." A third staff member told us, "We are very, very supported by the management. In a way it's like a family house."

Staff confirmed the provider and the staff team treated them fairly and equally. One staff member told us, "Yes 110%. Everyone is treated equally." Another staff member said, "I think so because we are a family here." A third staff member told us, I would say yes. We are from different backgrounds and we get along. We try to respect each other and everybody's culture."

The provider sought feedback from people using the service to identify areas for improvement. The locality business manager explained there was no survey conducted during 2018 due to a restructure of the organisation. The next scheduled survey was due to take place in March 2019. We noted the survey questions asked people how satisfied they were with different aspects of the support they received. There was an accessible version of the questionnaire available with the questions written in plain English and a choice of emotion pictures for people to indicate their level of satisfaction. We reviewed the results of the survey completed in 2017 and noted overall 91% of people were satisfied with the service provided. An action noted as a result of this survey was that the provider wanted to talk to people about how they could improve meetings with them. The service also had a suggestions box which people using the service and visitors could use to make comments about the quality of the service.

The provider had a system of holding regular house meetings. We reviewed the most recent meeting minutes from August 2018. Topics discussed included, health and safety, advocates/family contact drop in session, involvement of people using the service, support issues, housing issues, diversity, pendant alarms and welfare checks. This meant people were kept updated on service development.

Staff confirmed they had regular meetings and they found them useful. One staff member told us, "Oh yes, they [staff meetings] are useful. We raise a lot of things in handover and when we go to the staff meeting we are able to bring up our concerns. It is very useful [because] you are able to speak to everyone." Another staff member said, "Yes, very useful. That is when we bring our concerns and they are handled the way we expect." We reviewed the minutes of the staff meetings held in August and October 2018 and January 2019. Topics discussed included safeguarding, activities, training, the well-being of people using the service, health and safety, medicines and complaints. This meant the provider kept staff updated on policy changes, and embedded training.

The provider had a system of quality audits in the service. Quality audits are a way of checking the quality of the service being provided to identify areas that could be improved. We reviewed the monthly management audits of all medicine administration records (MAR) which were up to date. Any errors identified were noted with the staff member responsible and actions taken were documented. For example, we saw when the identified issue was staff using the wrong ink colour on the MAR, then this was discussed with the responsible staff member.

Staff were observed at work so that any areas of improvement or of exceptional work could be discussed with them. We noted during the observations the areas of practice that were looked at included infection control, communication with people using the service, carrying out of care tasks, medicine, how satisfied the person was with the care and additional training or supervision the staff member felt would help them.

The provider carried out a yearly audit of the service and had started an audit at the end of 2018 which they were in the process of completing. We reviewed the most recent annual audit report which was carried out during 2017. This showed the provider checked the service was safe, effective, caring, responsive and well led in line with CQC's five key questions. We noted an action plan was drawn up as a result of the 2017 audit. One of the actions identified was to ensure each person had an up to date risk assessment that evidenced their involvement. The learning officer was the staff member carrying out the current audit and they confirmed with us this issue had been noted as now completed. The care records we reviewed showed this was the case. This meant the provider had systems in place to identify and action areas of improvement.

The senior care and support worker told us the service worked in partnership with other agencies. They told us the service was in communication with the North East London Foundation Trust (NELFT) who had expressed an interest in using the main room in building for its hub meeting. The provider was in the process of checking if people using the service would be able to attend. The provider was also working out how this arrangement would work without impacting on the people who used the service. The senior care and support worker also told us there was the Sunday club which took place on one or two Sundays each month which the people who used the service could participate in. Additionally, the provider had arrangements for volunteers to work in the service in a befriending role. This showed the provider worked with other organisations to make improvements to the service provided.