

Housing & Care 21

Housing & Care 21 - Lea Springs

Inspection report

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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

The inspection was carried out on 4 May 2016. We gave the registered manager 48 hours- notice of our intended inspection to make sure they were available to support us with the Inspection. At the time of our inspection the service was providing support to twenty two people.

Housing and care 21 Lea Springs provides accommodation and personal care for up to 38 people with a differing health related conditions and or age related frailty. The complex is newly built and people live in their own flats which are arranged over three floors, with access to a range of communal areas and facilities.

The service provided personalised support to people and they told us they were happy living at Lea Springs. Staff were aware of people's needs and abilities and support was tailored around individual's assessed needs.

People were supported by staff who were caring and kind. The registered manager and staff demonstrated that they knew people well and had taken time to establish people's preferences and preferred routines. People's consent to care and treatment was obtained. The registered manager and staff were open and transparent in their approach to all aspects of the service.

We saw that there were adequate staff on duty at all times to meet people's needs. People were supported with hobbies both within the complex and to access activities in their local community. We saw that there were appropriate recruitment processes in place, which helped to ensure that people who were employed to work at the service were suitable to work in a care environment.

Staff had received training relevant to their roles and had regular supervisions with their line manager. Staff demonstrated they were clear about their roles and responsibilities and received support from the manager and senior staff.

We saw that people's privacy and dignity was respected. Staff treated people in a way that was respectful and caring. We saw that staff were patient and thoughtful when supporting people and were respectful of their wishes and did not rush them.

People were protected from potential abuse because the registered manager and staff had received training in how to identify and report potential concerns. Records seen demonstrated that safeguarding incidents were appropriately reported by the registered manager.

People were encouraged to raise concerns or complaints as a way of improving the service provided. We saw how complaints were investigated and responded to in a timely way, and where possible to the satisfaction of the complainant.

People were supported to do their own shopping and cook meals where required, but many people were

able to do these tasks without support from staff. There was a restaurant on site from which people could purchase a range of freshly cooked foods. People were supported to maintain good health and staff accompanied them to attend appointments at the GP, opticians and other health related appointments including hospital appointments.

People had individualised care and support plans and these were regularly reviewed. We saw that there were risk assessments in place which were reviewed whenever there was a change in to people's circumstances or abilities. People's care and support plans provided sufficient information to enable staff to provide individualised care and support.

People were supported to take their medicines by staff who had been trained in the safe administration of medicines and who had their competencies checked to make sure they maintained 'good practice'.

There were systems in place to monitor the quality of the service. The provider had obtained feedback from people who used the service and stakeholders. Audits and checks were in place so that the registered manager could identify areas that required 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.

Risks were assessed and systems in place to manage and reduce the risk of harm.

Safe recruitment procedures ensured the employment of suitable staff.

People were safeguarded from abuse. Staff had been trained to recognise abuse and protect people.

Staffing levels were appropriate and were determined by people's needs.

Medicines were managed safely by staff who had been trained in the safe administration of medicines.

Is the service effective?

Good ●

People received care and support that was based on their individual needs and wishes.

Staff were skilled in meeting people's needs and received on-going support and training.

People were asked to consent to their support.

People's dietary and hydration needs were catered for.

People were supported to maintain their health and well being.

Is the service caring?

Good ●

People were cared for by staff that were kind and compassionate.

People enjoyed positive relationships with staff.

People were treated with dignity and respect and their confidentiality was respected.

People and where appropriate their relatives were involved in their care planning and reviews.

Is the service responsive?

Good ●

The manager and staff were responsive to people's changing needs.

The service was flexible to people's changing needs.

People received care that was based on their needs and preferences.

People's were supported to raise concerns if required and were confident they would be dealt with positively.

Is the service well-led?

Good ●

The service was well managed.

The manager promoted an open and transparent approach and encouraged staff to work in the same way.

Staff were well supported and had clear roles and responsibilities.

There were systems in place to monitor quality of the service.

Housing & Care 21 - Lea Springs

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 checked 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.

We visited the service on 4 May 2016 and the inspection was announced to make sure that relevant staff were available to support the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is information about important events which the home is required to send us. We also contacted commissioners and health professionals who had experience of dealing with people at the service to obtain feedback.

During our inspection we spoke with four members of staff and three people who used the service. We also spoke with the registered manager and the deputy manager. We reviewed records, which included looking at care and support plans, staff recruitment records, staff rotas, risk management plans, audits and quality monitoring records relating to the overall management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Lea Springs. One person said, "I do feel safe here there is always someone around to help you". Another person said, "I had several falls at home and things were really difficult, but since coming to live here I am much safer." We observed staff to assist people in a timely for example to reduce the risk of them falling. One person went to walk without their frame which was close by and a member of staff reminded them that they might be more steady using their frame.

Staff had received training about how to safeguard people from harm. Staff were able to demonstrate a good knowledge of different types of abuse and how to report and raise concerns. The registered manager was knowledgeable about the risks of abuse and showed us the robust system for reporting any concerns to the relevant local safeguarding team. Staff were aware of the organisations whistle blowing policy and told us they would not hesitate to report any concerns.

People were supported to stay safe by adequate numbers of staff with the correct skills and experience being deployed. We saw rotas for a four week period and noted that there were adequate staff on duty at all times including evening and weekends to support people. The registered manager or other senior staff were available on call to support staff outside of office hours in the event of any kind of an emergency.

The registered manager demonstrated that they followed safe and effective recruitment practices to help ensure that potential staff employed at the service were suitable to work in a 'caring environment'.

We received positive comments from people in relation to staff keeping them safe. One person told us, "I keep getting myself lost in the building but the staff always helps me to go back to my flat or wherever I need to go". Another person told us "The carers provide reassurance even if I don't need too much support I know they are there if I need them".

People had their needs met safely. Staff had received training in a range of topics such as moving and handling, fire safety and the safe administration of medicines to help keep people safe.

Where required, people were prompted to take their medicines by staff who were trained and had their competencies checked.

Staff were provided with information and guidance about how to support people in a way that kept them safe. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed on a regular basis to take account of people's changing needs and abilities. This included in areas such as falls, the environment and administration of medicines.

The registered manager showed us that they recorded information relating to accidents and incidents that occurred within people's homes or the complex. The information was used positively to assist in reducing the risk of a reoccurrence or similar incident happening. For example, when a person had a fall they were referred to a physiotherapist for an assessment for equipment. We saw in another person's case they had a 'Hospital type bed' as this helped maintain their safety.

Emergency plans were in place to assist staff to deal with emergencies or unforeseen events such as in the

event of a fire and staff had been trained in fire safety. Regular audits and checks were carried out which ensured the environment and in particular communal areas were well maintained and helped to keep people safe.

Is the service effective?

Our findings

People told us that their needs and wishes were met by a good staff team and they felt the management team were 'effective'. One person said "we discussed everything when I came to live here, since then we have had several meetings to review everything". They went on to say the staff always asks me what I would like help with and I give my consent. Another person told us "the staff always takes in to account what I want, they never just assume". Staff confirmed that each time they supported people they obtained their consent before assisting them with personal care or support. One person said, "It is all written in my care plan so that the staff know exactly what they need to do". One person complimented the registered manager saying "they are very good at keeping up to date with everything".

People were positive and complimentary about the skills, experience and abilities of staff and the registered manager. One person said, "They [staff] are so sweet and all of them are lovely". One person told us "the manager was on the ball and kept people on their toes".

Staff received training relevant to their roles and responsibilities which helped them to provide effective care and support. This included in areas such as safeguarding, fire safety, moving and handling, and food hygiene. We saw from records that staff had access to refresher training when required. In addition to mandatory training staff were able to attend specialist training relevant to their roles and to help their personal development in areas such as care of people with dementia, or diabetes. This helped to make sure staff had the necessary skills to support people effectively and to understand their health and medical conditions.

Staff were supported by the management team and had individual supervisions with their manager where they could discuss personal development or any work related issues. The registered manager told us staff had regular team meetings and an annual appraisal. We saw minutes from several team meetings and saw they covered discussions about a range of topics including people they supported, activities, and management expectations. Staff were able to contribute to the agenda and told us the manager listened to people's views.

People received care and support that met their assessed needs in an effective way. The staff and registered manager were very knowledgeable about people's individual care requirements. These were reviewed on a regular basis to ensure that the support provided reflected people's changing needs and personal preferences

People were supported with shopping and some people required assistance with meal preparation. Staff told us they always ensured people had access to sufficient drinks and food that was readily available. Peoples dietary needs had been assessed as part of their initial assessment and staff were aware of how to report any concerns. There was a restaurant facility within the complex and people could purchase a range of healthy freshly cooked meals or snack daily.

People were supported to maintain their health. If they needed to see their GP for example an appointment

was arranged. If the person was not well enough to attend the surgery the GP visited the person in their own home. In addition other professional visited the service such as district nurses, optician and on the day of our inspection the chiropodist was at the service. People's health and wellbeing was supported by having access to a range of health professionals.

Is the service caring?

Our findings

People received care and support that was personalised and was provided in a kind and caring way by staff that knew the people they supported well, and were familiar with their needs. One person told us, "I think all the staff here are marvellous, they really are". Another person said "Well I can't fault them, honestly they are wonderful". Staff we spoke to demonstrated they knew people well and had spent time getting to know people and their individual likes and dislikes and knew what was important to them.

We saw that staff helped and supported people in a way that helped preserve people's dignity and in a respectful and consultative way. Staff told us they respected people's right to confidentiality. One member of staff told us "We always check that there is no one within ear shot when we are talking with people, they may not want other people to know their business". Staff demonstrated they had worked hard to develop positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person told us, "I am happy living here; I have made friends with other people and the staff as well". Staff told us that they recognised they were visitors in people's homes and respected that. One staff member told us that one person they were supporting told them to "go away" one day. They went on to say that they went away and returned a bit later when the person was happy to be assisted. This helped to demonstrate staff respected people wishes and gave people a choice.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. We observed several visitors during our inspection and some were enjoying lunch with people in the communal restaurant. One person told us "this is important to me and part of my routine, the staff encouraged visitors, and it has never been a problem".

People were involved in the planning and reviews of the care and support provided. Care plans had been signed to confirm their involvement and agreement to the support provided. One staff member told us, "I always try to familiarise myself with people's care plans especially if I have been off for a couple of days as things change so quickly. " The registered manager told us that every person had a key worker who was responsible for updating the care plans. Where people lacked capacity or peoples capacity fluctuated relatives were invited to contribute to the review process along with any appropriate professionals involved in the persons care and support.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice, was made available to people and their relatives when required.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took account of their personal circumstances. Staff were provided with detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care. One person said, "The staff are very knowledgeable and know exactly how to support me". Another person told us, "the staff are very capable, I am confident with their abilities".

We saw that care plans provided detailed and practical information about how to support people for example one person who was wheelchair dependent. Their care plan had detailed step by step information so that any member of staff would be able to support the person and respond to their needs. We saw that another person whose needs had changed had been reassessed and for example their room had been moved around to provide them with a better outlook and view to make time spent in their bedroom more enjoyable for them.

People had assessments to make sure that where they were identified at being at risk for example of skin breakdown appropriate measures were put in place to reduce risks and support the person in the best possible way. The registered manager ensured they had a hospital bed in place with a pressure relieving mattress. We saw that they were assisted to change their position regularly to help keep their skin intact and that they remained as comfortable as possible.

The registered manager told us that where a person's needs changed they worked in partnership with other professionals to ensure that the person's needs continued to be met. In the case of a person who recently presented behaviour that challenged appropriate referrals were done and the person continued to receive appropriate levels of support at the service.

Staff also received specific training about the complex health conditions that people lived with to help them deliver care more effectively in a way that was responsive to people's individual needs. For example, staff were trained about how to care for people who lived with mental health conditions. This meant that people were supported by staff that had received appropriate training to meet their changing needs and abilities.

People were supported to participate in a wide range of meaningful activities and social interests relevant to their individual needs and requirements, both at the service and in the community. We saw that most days people were invited to attend a 'coffee morning' in the lounge and this gave them an opportunity to consider what they wanted to do for the rest of the day.

One person told us, "I like to go into town and have a wander round the shops". Another person told us they really enjoyed trips out, but they had not been anywhere recently". The activities staff told us about the range of activities that were on offer and plans to develop some outdoor activities in the garden for example by getting raised flower beds for people to do some gardening. The registered manager also said that the range of activities on offer was under review.

People told us they were consulted and updated about the services provided and were encouraged to have their say about how the service operated. They felt listened to and told us that staff and the management team responded to any complaints or concerns raised in a prompt and positive way.

We saw that information and guidance about how to make a complaint was included in peoples service user and tenancy agreements and was also displayed in the office and on the notice board. We saw where complaints had been received these had been investigated and responded to in a timely way.

Is the service well-led?

Our findings

People who lived at Lea Springs were all positive about how the service was managed. A member of staff told us, "We have good team work here and the manager is supportive and approachable, their door is always open. A person who resided within the complex told us, "I think this is a nice place, I have been happy since coming to live here."

Staff told us, and we observed that the management team led by example and demonstrated strong and visible leadership. The registered manager was very clear about their vision regarding the purpose of the service, how it operated and the level and type of support provided to people. The registered manager told us that they considered dependency levels to make sure they could meet people's needs without compromising standards.

The registered manager and deputy manager were very knowledgeable about the people who lived at the service and about their needs, personal circumstances and relationships. Staff understood their responsibilities and what was expected of them. The registered manager had a visual presence around the service to give them an over-arching knowledge about what was going on. People who lived at Lea Springs were aware of who the manager was and most told us they had 'regular contact' with the manager or deputy.

Regular audits had been completed across different areas of the service. In addition a regular monthly internal risk audit was completed. The results of this were reviewed and reported on. The audit included a review of areas such as accidents and incidents, health and safety, support plans, complaints and safeguarding incidents as well as staffing and supervisions. Information was analysed and actions put in place to address any areas which required improvements. The results and actions were categorised into 'priorities' to make sure more urgent areas were addressed quickly to reduce any risks. We noted that the overall rating for the latest internal audit completed in April 2016 found the service to be 'good' in the areas reviewed.

The registered manager used quality assurance information received from professionals, people who used the service and their families to improve the service. We found that the views, experiences and feedback obtained from people who lived at the service and their relatives had been actively sought and responded to in a positive way. For example, the registered manager had taken steps to improve a range of issues, such as improvements to documentation specifically around 'personalisation' and making sure that documentation was more 'user friendly' and less generic.

Staff were well supported in their roles and as part of their professional development; they were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included detailed and specific awareness about some of the more complex needs of the people they supported such as dementia training and working with people who have behaviour that challenges.

Information gathered from audits and quality monitoring was put to good use to ensure that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had

been used to good effect. For example, medication risk assessments to be countersigned to reduce the risk of oversights and night staff to attend fire warden training so that they had the necessary skills to deal with any emergency overnight.

The systems and processes that were in place demonstrated that the manager was committed to identifying any shortfalls and making continual improvements to all aspects of the service provided.