

Housing & Care 21

Housing & Care 21 - Greenrod Place

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

We undertook an announced inspection of Housing and Care 21 – Greenrod Place on 10 and 11 April 2017. We told the provider two days before our visit that we would be coming because the location is an extra care service and we needed the provider to be available to assist with the inspection. The service provides purpose built flats in a community setting, with flexible care and support services available on-site to enable people to live as independently as possible.

Housing and Care 21 – Greenrod Place provide support for people in their own homes within an extra care housing complex. The scheme provides 31 one-bedroom and seven two-bedroom flats to rent and five two bedroom flats to buy through shared ownership. People received support with their personal care, support with medicines, food shopping and cleaning. People can also be visited by care workers from other external providers. At the time of the inspection 40 people were receiving support with personal care.

At the time of the inspection there was a registered manager in place. 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.

At the last inspection on 26, 27 and 30 October 2015 we identified issues in relation to risk assessments and care plans. During this inspection we saw improvements had been made.

A range of risk assessments were in place in the person's care folder in relation to the care being provided. The provider had introduced risk assessments in response to specific issues.

The care plans were now reviewed regularly and provided detailed, focused information on how each person wanted their care provided. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

The provider had an effective recruitment process in place.

There was a policy and procedure in place for the administration of medicines.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

Care workers had received training identified by the provider as mandatory to ensure they were providing

appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

The provider had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

A range of risk assessments were in place in the person's care folder in relation to the care being provided. The provider had introduced risk assessments in response to specific issues.

The provider had appropriate processes and training in place for the safe administration of medicines.

The provider had processes in place for the recording and investigation of incidents and accidents.

The provider had an effective recruitment process in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

Is the service effective?

Good ●

The service was Effective.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers understood the importance of supporting people to make choices.

There was a good working relationship with health professionals who also provided support for the person using the service.

Is the service caring?

Good ●

The service was Caring.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

The care plans identified the cultural and religious needs of the person using the service.

Is the service responsive?

Good ●

The service was Responsive.

The care plans were now reviewed regularly and provided detailed, focused information on how each person wanted their care provided.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Care workers completed a daily record of the care provided.

Is the service well-led?

Good ●

The service was Well-led.

People using the service and care workers felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their managers.

The provider had a range of audits in place to monitor the quality of the care provided.

Housing & Care 21 - Greenrod Place

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10 and 11 April 2017 and was announced. The provider was given 48 hours' notice because the location provides an extra care service. This means care workers provided a domiciliary care service in people's homes within a block of flats and we needed to be sure that someone would be available. One inspector undertook the inspection.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with the registered manager, the care team leader, four people using the service and four care workers. We reviewed the care records for six people using the service, the employment folders for four care workers and records relating to the management of the service. We also received general feedback from 13 people who used the service via questionnaires completed during the inspection.

Is the service safe?

Our findings

During our comprehensive inspection of Greenrod Place on 26, 27 and 30 October 2015 we found the provider had generic risk assessments but detailed risk assessments for specific issues were not in place.

At the inspection on 10 and 11 April 2017 we found that improvements had been made. We saw risk assessments had been carried out for people who smoked and these identified actions the care workers should take to reduce the risk of fire in people's homes. Risk assessments were also in place for people who were at increased risk of skin integrity issues with guidance for care workers on reporting any reddening of the skin noted when they provided care. We saw the records for one person indicated they lived with seizures and as part of their care plan there was information on seizures and supporting people from the NHS Choices website. At the time of the inspection there was no risk assessment in place in relation to seizures. This was discussed with the registered manager and the care team leader and they agreed that the risk assessment for this person would be reviewed and more information specific to the person's needs would be added. They also confirmed they would carry out a review of the risk assessments for other people to ensure any other specific risks had been identified and relevant risk assessments developed.

People had a pendant call bell which they could use when moving around the building and a call bell system in each of the flats to contact care workers or in case of an emergency. We saw a Personal Emergency Evacuation Plan (PEEP) was in place for each person in case of an emergency which provided care workers with guidance on what action should be taken to support the person appropriately. We saw the plans included information which identified if people had any visual, hearing or physical issues to consider when evacuating them from the building and any specific equipment that was required.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. We looked at the records of three safeguarding concerns raised during 2016 and 2017. We saw the records included details of the concern, initial findings, actions taken and any on-going activity to reduce the risk of reoccurrence.

We looked at how accidents and incidents were managed in the service. A copy of the policy and procedure was kept in the front of the accident and incident record folder. The registered manager explained a record form was completed when an incident or accident occurred with the information also being recorded on the computer system. The record included information about the incident or accident, who was involved and what actions were taken. The registered manager reviewed the information and carried out an investigation if required. During the inspection we looked at 15 incident and accident records which were completed during 2016 and 2017 which were detailed and identified what actions were taken.

Some of the people we spoke with felt there were enough care workers while others told us there were occasional delays in their care as care workers were busy supporting other people who had increased support needs. Some of the comments included "I think there are enough care workers but I don't need that much help" and "I find that when I use my alarm bell it takes quite some time for someone to respond."

Care workers told us they felt there were enough staff and they commented "It can be unpredictable and difficult sometimes. If there are a lot of alarm calls it can cause problems but most of the residents are easy going they are flexible with the call time", "When we are all here it is OK but when someone is off sick there are no gaps between calls to deal with incidents like is someone becomes ill. We usually have enough time for each calls to do what we need to" and "Yes there are enough staff but if someone calls in sick it can be a problem but we can swap calls round to manage." The registered manager explained the number of care workers was based upon the level of needs identified from each person's assessments. Six care workers were on duty between 7am and 2.15pm with two care workers on site from 2pm to 10 pm and two care workers from 4pm to 10pm. At night there was one care worker on a waking shift and one care worker on a sleeping shift. At the time of the inspection 40 people received support from care workers with seven of them requiring support from two care workers.

The provider followed suitable recruitment practices. The registered manager explained that as part of the recruitment process applicants were asked to provide the contact details of two references and to provide details for five years employment history. As part of the interview process applicants were asked to complete a numeracy and literacy test. During the inspection we looked at the recruitment records for four care workers which detailed that the relevant checks had been completed before each person began work including suitable written references and a check for any criminal records had been completed. This meant that checks were carried out on new care workers to ensure they had the appropriate skills to provide the care required by the people using the service.

We saw the provider had a policy and procedure in place in relation to the administration of medicines. People who were supported by care workers kept their medicines in their flats. The care plans identified if the person could self-administer their medicines or if they required the care workers to administer their prescribed medicines. We saw a medicines risk assessment had been carried out to identify if there were any risks in relation to the person managing their own medicines and if these risks could be reduced with support from the care workers.

During the inspection we looked at the Medicine Administration Record (MAR) charts for five people and we saw these charts were completed clearly and showed that medicines were administered as prescribed. We discussed with the registered manager the recording of the administration of prescribed creams which were being recorded on the MAR charts. The MAR charts indicated that creams should be applied as directed but further information on what this meant was not noted. They agreed to introduce a body map chart which clearly indicated to which part of the body the creams should be applied and the frequency.

The provider had appropriate processes in place in relation to infection control. The care workers used appropriate equipment including aprons and gloves when providing support. We saw care workers had completed infection control training. During the inspection we saw there the communal areas of the building were clean and the care plans identified if care workers should be assisting people to clean their flats. We saw some people also received support to launder their clothes to reduce the risk of any infection.

Is the service effective?

Our findings

We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard. The registered manager explained that new care workers completed one week shadowing of experienced care workers across a number of different shifts. New care workers completed a four day induction course and completed all the training identified as mandatory by the provider. Assessments of their competency were also carried out over their first two months as a care worker. New care workers also completed the Care Certificate during their probation period. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. We saw Care Certificate workbooks had been completed recently by two care workers.

The provider had identified specific mandatory training courses to meet the needs of each staff role. The training included basic life support, health and safety, infection control, nutrition and safeguarding vulnerable adults. We saw records that indicated that care workers had completed the training identified as mandatory for their role.

The registered manager told us, and records confirmed that care workers had regular supervision which included meetings with their line manager, spot check observations of their work and an annual appraisal which was confirmed by records we looked at. Care workers we spoke with confirmed they had regular supervision with their line manager and they told us they found it useful.

The care workers on each shift were each given a schedule of visits for their shift. The rota sheet included the visit time, the length of the call, if the visit required the support of two care workers and a summary of the care to be provided. The rota sheet also included a reminder for the care worker to read the care plan and risk assessments at the start of each visit. We asked people if the care workers were usually on time and they told us "Yes but if they are held up with someone else they usually tell me" and "I know they are coming to help me and I am not going anywhere so I don't mind when they turn up."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager explained that using the referral from the local authority and information obtained during the initial assessment through speaking with the person using the service they assessed their capacity to make decisions about their care. The person's social workers would then be contacted to be part of the assessment and identify how best the person could be supported. We saw assessments had been

carried out and the care plans indicated when people required support in making decisions about their care.

Care workers received training in relation to MCA and they understood the importance of supporting people to make decisions.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plans we looked at provided the contact details for the person's General Practitioner (GP). The registered manager explained they worked closely with the District Nurses, Cognitive and Dementia Service (SIPS) and the Integrated Community Response Service (ICRS) to ensure the care packages in place were suitable to meet people's needs and reflected the level of support required as well as checking to see if people had the appropriate equipment in place in their flat to support their mobility.

We saw care plans indicated if the person required support from the care worker to prepare and/or eat their food. Some of the care plans indicated the person's food preferences and if the person required help with shopping.

Is the service caring?

Our findings

We asked people if they were happy with the care and support they received from the service as well as if the care workers were kind and caring. We received a range of comments which included "The care staff are lovely", "There is not a bad word I could say about any of them" The care workers are wonderful but some of us don't feel like we are being listened to" and "I feel safe with the care workers I just don't like some of the other residents"

People told us they felt care workers helped maintain their dignity and respect when they received support. Their comments included "I am always treated with respect" and "Some of the care workers here are like family and we respect each other". We asked care workers how they helped people maintain their privacy and dignity when providing care. They said "I always make sure the curtains are closed and check with the person if they are happy to support them with their care", "I always make sure the door is closed and locked so no one can come in and I make sure the person is covered with a towel during personal care" and "It is important to put the person at ease, be polite and make sure they are covered to keep their dignity."

Some of the people we spoke with confirmed they felt the care workers helped them maintain their independence. Their comments included "They help me do things I can't do and I do things I can do" and "They are there to help me when I need them." During the inspection we asked care workers how they supported people to maintain their independence. They commented "I always encourage people to choose their clothes or they get me to help them do things they can't do", "We don't take people's independence from them as it is very important for them to do as much as they can do for as long as they can", "I don't do everything for the person and I ask them if they want to do things themselves or with me like making tea" and "It can be difficult as it depends on the person. It is important to encourage and coax people to do things I know they are quite able to do which can require gentle conversation." The care plans we looked at indicated which activities each person required support with and which they could complete independently.

The care plans identified the person's cultural and religious needs. We saw care workers were provided with information about the personal history of the person they were supporting. The care plans also identified people's wishes in relation to their end of life care if the information was available.

Is the service responsive?

Our findings

During our comprehensive inspection of Greenrod Place on 26, 27 and 30 October 2015 we found that the care plans did not indicate that they had been reviewed regularly and that care workers had reviewed the information.

At the inspection on 10 and 11 April 2017 we found that improvements had been made. The registered manager confirmed the care plans were reviewed within two months of the person moving to Greenrod Place and then annually unless any changes to the person's support needs was identified during the year. During the inspection we looked at the care plans for six people using the service. We saw the care plans had been regularly reviewed. We saw one care plan had not been signed by the person but the care team leader explained they were waiting to meet with the person and their relatives to agree the care plan. They agreed to contact the relatives to get the paperwork signed as soon as possible.

The care plans we looked at were very detailed and focused on how each individual wanted their care provided. The care plans described exactly how each person wanted the care worker to provide their care, their preferences and wishes in relation to all areas of support.

An assessment of care needs was completed before the person moved into their flat. The registered manager explained that when a referral was received from the local authority the person's needs were assessed to ensure they could be met by the service. A full assessment of the care needs was completed and the person and their relatives would be asked if they wanted to look around and view the available property. The registered manager confirmed this usually occurred within four weeks of the referral.

Care workers completed a communication log describing the support and care they provided for each person using the service. The records included if the person had received personal care, if medicines were administered and if the care worker provided support with meal preparation. We looked at the daily records of care for six people and saw they were up to date and clearly written.

Activities at Greenrod Place were organised by people from external organisations including Age UK. During the inspection we saw people take part in an arts and crafts session as well as a bingo afternoon. People told us "We have an Easter party next week and we had a wonderful party at Christmas when we did karaoke. It was really fun" and "There is a quiz this week which we can take part in." People could also visit the hairdressing salon on site. People were able to come and go freely as well as having visitors as they could open the main door from their individual flats.

People using the service confirmed they knew how to make a complaint in relation to the care provided. We saw there was a complaints policy and procedure in place. Information on how to make a complaint was displayed in the communal areas of the building and leaflets explained the procedure were also available.

Information relating to any complaints received was recorded in a complaints book and was also added to the computerised record system. The complaints record book included information on the details of the

complaint, the outcome of any investigation and any actions taken to resolve the issue. We looked at the records for five complaints received during 2016 and 2017 and we saw the records were detailed and included the actions taken to resolve the issues raised by the complainant.

People using the service and their relatives could provide feedback on the quality of the care provided. During the inspection we saw a satisfaction survey had been sent to people using the service in April 2016. We saw the results of the survey were displayed in the communal areas. The results indicated that 100% of the people who responded felt the service had improved or maintained their quality of life and that they felt safe. The registered manager explained a further survey would be sent out during 2017.

Is the service well-led?

Our findings

The provider had a range of audits in place to monitor the quality of the care provided. Each month the completed MAR charts were audited to ensure they had been completed clearly and the medicines had been administered as prescribed. We saw the audits completed for the MAR charts relating to five people. If any issues were identified these were noted and the required action recorded.

The registered manager carried out an audit of the communication log sheets completed by the care workers after each visit. We saw the log sheets were checked to ensure the information was clearly recorded, related to the person and provided an accurate picture of the care provided.

Audits were also carried out on the financial transaction records completed when care workers went shopping for people using the service.

A trend analysis audit was completed quarterly for the incident and accident records to identify if there were any patterns in relation to the type of accident and who it related to.

During the inspection we saw the registered manager and the care team leader provided a range of support for people using the service that was not included in the care plan. We saw they supported people with making medical appointments, recording information on their calendars, ordering their prescriptions and supporting them if they became confused.

We asked people using the service if they felt the service was well-led and most of the people we spoke with felt it was. Some of their comments included "The manager and the other senior staff (care team leader) really help a lot", "Sometimes I feel like the management don't listen to me" and "The manager is really nice and knows everyone."

Care workers told us they mostly felt supported and that the service was well-led. Their comments included "They are really approachable", "We can express ourselves as care workers if we want to and raise anything with the manager", "Sometimes it would be good to hear more of the positive things we have done instead of hearing about things that are not so good about what we have done", "yes from what I have seen. The manager is good at getting things done and the care team leader is excellent" and "There is a lot of time for input during handover and they are open to suggestions."

Quarterly team meetings were held and detailed notes of the discussion were circulated and there were handover sessions at each change of shift. Care workers felt there was good communication and one commented "Anything new they share with us in the communication book in the staff room and on the notice board and the white board. Also they tell us stuff during the handover."

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

A monthly newsletter was produced for people living at Greenrod Place. The newsletter included who was celebrating a birthday that month, activities and events that were planned and details of any visits and meetings that were planned. We saw the April newsletter included information relating to a visit by the London Fire Brigade who were planning to visit individual flats to answer any questions people had about fire safety.