

One Housing Group Limited

Roden Court

Inspection report

Roden Court
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

This inspection took place on the 5th April 2016 and was announced. At our last inspection in August 2014 the service was meeting the regulations inspected.

Roden Court is an "extra care" housing provision operated by One Housing Group Ltd. in Haringey, North London. There are 40 flats available for rental by older people. The Care Quality Commission regulates the personal care service provided to residents by One Housing Group Ltd. On the day of our inspection there were 37 people receiving a person care service.

The service had a registered manager who had been in post since the service opened in 2013. 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.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. People had a copy of their care plan in their home.

People felt safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

However we found errors in medication recording for some people using the service. We have asked the provider to take urgent action to address this.

Staff were highly motivated and proud to work for the service; as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care workers we spoke with placed a high value on their supervision.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people living at the service.

We saw that regular visits had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA, and there were no authorisations to deprive people of their liberty.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the provider's head office to monitor the quality of care

People were supported to eat and drink. Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The service had a complaints policy. People who used the service told us they knew how to make a complaint if needed.

There was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found errors in medicines recording for some people using the service. This meant we could not be sure that medicines were administered safely

Requires Improvement ●

Is the service effective?

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Good ●

Is the service caring?

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had

Good ●

with staff and were very satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

Is the service well-led?

Good ●

The service was well-led. The service promoted strong values and a person centred culture. Staff were supported to understand the values of the organisation.

There was strong emphasis on retaining staff and ensuring continuity of care.

There were effective systems to assure quality and identify any potential improvements to the service.

Roden Court

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 of Roden court took place on the 5 April 2016 and was unannounced.

The inspection team consisted of two inspectors

Before the inspection visit we reviewed the information we held about the service. This included notifications and incidents that the provider had sent us and how they had been managed. We also spoke to a commissioning officer in the Local authority

During our inspection we went to the service's office and spoke with the registered manager, and four care workers. We spoke to seven people who used the service. We also looked at five care records and four staff records; we also looked at a range of audits, the complaints log, staff supervision and training records, the staff training matrix and a range of policies and procedures for the service.

Is the service safe?

Our findings

People said they felt safe and that staff understood their needs. Comments from people included, "I always feel safe." "The carers are really well trained and I trust them" and "I have had the same carer since I have lived here, when the place opened. She takes good care of me."

Staff demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care workers were able to discuss risks individual people faced and speak confidently about how they maintained their safety. All the staff commented that they had time to develop relationships with people who used the service and got to know them well. They were able to quickly identify any concerns. Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The registered manager told us how "we make sure we discuss safeguarding as part of supervision." We subsequently saw such discussions in supervision notes for specific people about who there were safeguarding concerns.

Staff we spoke with demonstrated an understanding of safeguarding adults and told us the signs they looked out for when they supported a person. One care worker told us how they recognised possible signs of abuse. For example, "if the mood of the person was different or, if they were withdrawn." Another told us, "we have to protect our customers from any kind of abuse". They also said "abuse comes from all different areas so we must be vigilant." Staff told us they knew about the whistle blowing policy and they "would use it if required."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. We saw comprehensive risk assessments had been completed in a number of areas including neglect, finances and pressure sore prevention. These included information about action to be taken in order to minimise the chance of harm occurring.

Staff demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care staff were able to discuss risks individual people faced and spoke confidently about how they maintained their safety. They emphasised the level of training they had to support people safely, including training from an occupational therapist when one person had had a new hoist installed.

We were told that staffing levels were determined by the local authority and they would flag any changes in needs and ask for review. On the day of our visit we saw that there were seven staff on duty and we saw from the rota that there were also two waking staff on duty each night. People using the service also had call pendants that had direct access to staff on duty at any time outside of their allocated care hours. The registered manager explained that there were a number of additional core hours available which meant that the service could maintain flexibility and responsiveness. People told us that there were enough people on duty to meet their needs, one person told us 'they are always there when I need them and will stay extra.'

During our visit we observed staff in attendance in all communal areas and people's calls for assistance

were promptly responded to. Routines were seen to be flexible to accommodate people's varying needs. The atmosphere in the service was calm and relaxed and staff did not appear to be rushed.

The registered manager told us that tenants stored their medicines in their own flats and that most were administered from blister packs. The provider had a medication policy in place, which included guidance in supporting people to self-administer and guidance in relation to the MCA. We looked at the Medication Administration Records (MAR) for four people and found that there were several gaps in recording. For example one person had two missing entries for medicines administered on 10 March 2016 and another had a missing entry for 4 April 2016. We also found that although one person's eyed drops were stored in a fridge the temperature of the fridge was not monitored, so there was no evidence that the medicine was being stored correctly. Although we saw that regular audits were taking place they were not robust enough as they had failed to identify these errors. It should also be noted that errors in medicine administration had been subject of a safeguarding investigation in February 2016 and this had resulted in disciplinary action against a number of staff. Medicines taken as needed or as required are known as 'PRN' medicines. Some people who used the service had been prescribed PRN medicines for pain relief. We also saw a number of recording errors in relation to storage of these medicines. However records of medicines received from the pharmacy and any medicine returned were correctly logged.

The evidence above demonstrates a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate checks were undertaken before staff started work. The provider kept records of these checks at their head office rather than at the service premises. Staff told us they had completed an application form, interview and written assessments. Staff also told us that the training they received during their induction was excellent and ensured they had the skills to work with people who used the service. They confirmed that they had been through all the relevant recruitment checks and we were shown a list confirming that all staff were in receipt of an enhanced Disclosure and Barring Service check demonstrating that the staff member was not barred from working with vulnerable adults.

The provider also had responsibility for the building and communal areas. We were told that maintenance had been contracted out to an external company. The communal areas and garden at the service were clean and extremely well maintained. The registered manager told us that maintenance issues were dealt with in a timely way and people we spoke to confirmed this to be the case.

Is the service effective?

Our findings

Most people told us that the care workers went over and above their duties to make sure people were well looked after. One person said, "They are pretty reliable". Another person said, "They introduce the carer to you, then they shadow the manager or another carer."

People were supported by staff who had the knowledge and skills required to meet their needs. The service provided all mandatory training in an on-site classroom setting. Specialist training was provided to support a person's specific needs (for example in pressure sore management and PEG feeding (feeding through a tube)). The registered manager told us that providing good training was important in motivating and supporting staff.

The training matrix evidenced that most staff were up to date on their mandatory training, including safeguarding adults, Mental Capacity Act 2005, moving and handling, nutrition, pressure care, dementia awareness, infection control, first aid and medicines. However there was not an effective system to alert the registered manager to when refresher training was overdue, and we saw that some staff had not received refresher training. The registered manager told us she "was on top of this" and that the system was due to be updated as part of the services overall improvement plan. Staff told us they received training regularly and said "It is excellent and in-depth. You get so much to take away, for example, reading materials and relevant web site references." One member of staff said, "The training here is very good, they also supported me to get an NVQ." Staff also told us they were paid for their training time and supervision time which "emphasises the value placed on both." There were also monthly policy briefings covering issues such as falls prevention, food safety and safeguarding.

All staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The registered manager was aware that the CIS was being replaced by the Care Certificate Standards for all newly recruited staff, "to bring us in line with Care Quality Commission recommendations." This was evident in the records of two newer members of staff. The manager also told us that new staff shadowed another care worker for at least 10 hours before working alone, and if they were new to the caring profession, "They do double up shifts with others until they feel confident." Care staff confirmed they shadowed a more experienced member of staff before working alone. One told us, "I had to shadow for at least a week after which my manager asked me if I felt that was long enough."

Care staff received regular supervision and appraisal from their line manager. Staff told us these processes gave them an opportunity to discuss any difficulties they might have with their clients, their performance and identify any further training they required. Care workers placed a high value on their supervision; one told us "you get to speak about any problems, but you don't have to wait until supervision. Our manager is always available."

Staff told us they were well supported by the registered manager and other staff and there was an out of hours on call system in operation that ensured that management support and advice was always available

when they needed it.

Staff were aware of and had received training in the Mental Capacity Act 2005 (MCA). They demonstrated an excellent understanding of the MCA. We saw signed and dated consent forms on the care records of those who used the service including some that related to consent to the administration of medicines. We also saw that an application had recently been made for a 'Best Interest' meeting for one person whose smoking habit had left him without enough money to buy food.

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. Staff were clear about the importance of adequate fluids and nutrition. One told us "I cook from scratch as much as possible" And another said " I always encourage people to eat, and leave water within easy reach" Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate. The service also provided a cooked breakfast for people on a weekly basis and lunch on a fortnightly basis prepared by staff in the communal kitchen.

Is the service caring?

Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included, "I like the girls very much, always on time and so polite. They come and take care of me" and "They are kind to me and always friendly."

People told us that they were treated with respect and had their dignity maintained. The registered manager told us, "We support people to live in their own home independently and with respect and dignity."

Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their dignity was "the most important thing." Another said "It's about how you would want to be treated or one of your relatives" and "I ask them what they would like to wear or what food they would like." Staff understood the importance of maintaining confidentiality and also confirmed this was an explicit expectation of the service.

The registered manager told us that she used a permanent rota and used the same group of staff for people. She told us that many of the people using the service had had the same care workers since the service opened. People who used the service confirmed that they usually had their care needs met by a small group of staff and that they always knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people. One member of staff said one of the best things about the service was that, "It is important to see regular people, you become fond of them." And another said "We see the same customers and I like them all." Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them. One staff member said, "You can make such a difference to someone's life just by finding out what's important to them, luckily we have time to do this here." Another said "It's so important to ask people how they are feeling."

We saw that staff spoke with people in the communal areas and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. One staff member told us how she had dealt sensitively with a person who was refusing to have personal care. And another told how she had learnt to cook Indian food for one of her customers. "It made him so happy."

People using the service told us they had been involved in the care planning process and we saw that they

had a copy of their care plan in their home.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw numerous examples of this during this inspection. We tracked the care of one person who had got lost when she left the building; we saw that an urgent referral was made for reassessment by the care management service so that agreement for more regular checks and observation could take place. We also saw how one person was supported to maintain good health by assisting him to cut down on his smoking. We also saw that on numerous occasions care staff had accompanied people to hospital and appointments with their GPs.

Discussions with the registered manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved. Additional forms such as medicines charts, body maps and weight charts were also available. People confirmed that they had copies of their care plans in their homes.

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan, "We were told about it straight away, during handover." People who used the service were able to contact the office staff at any time.

There was a wide range of activities available if people wanted to participate. On the day of the inspection there was a painting class that was taking place that people were clearly enjoying. Other activities on offer included fitness, bingo, hairdressing and music. The registered manager told us that activities were supported by her care staff and some volunteers. Roden court also had its own minibus that was used for outings to the seaside or theatre.

People told us they enjoyed the activities on offer. One person told us, "Entertainment wise, I think its fine," and another person said, "There is something to do if you want it."

We found that feedback was encouraged and people we spoke with described the managers as "open and transparent". Some people confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service told us they knew how to make a complaint if needed.

Is the service well-led?

Our findings

There was a registered manager in post; she had been in post since the service opened in 2013. She told us "I want the customers to feel safe respected and treated with dignity" and "Staff must be able to support customers in the way they want, the key skill here is listening."

It was clear from the feedback we received from people who used the service, their relatives and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. The registered managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership. She also told us about 'incentives' that helped to retain good staff. These included providing opportunities for development and promotion such as shadowing more senior staff and working in the office.

Our discussions with staff found they were highly motivated and proud of the service. A senior staff member told us, "We are a very close and warm team and everyone is caring."

Staff were very complimentary about the registered manager and comments included, "She is approachable and friendly and always able to give advice" and "I feel valued by them, they really do listen and act."

We noted that most of the care staff had worked in Roden Court since it first opened. One staff member told us, "They are a very good employer and it's a lovely team." Another told us "I love my job, It's very rewarding the training and support is excellent with this company." The registered manager told us she had used different incentives to encourage staff to stay. This included providing opportunities for job shadowing and working in the office so that they could increase their skills and 'make them feel valued'.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook unannounced spot checks to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. One person who used the service told us, "[The manager] comes in to see us, just to check." Care staff told us that senior staff frequently came to observe them at a person's home, to ensure they provided care in line with people's needs and to an appropriate standard. A care staff member told us, "Sometimes they come after we have been in, they have to check up on us, which is a good thing."

We saw that monitoring forms were completed during their spot checks, and these were attached to the person's care file. We saw that actions arising from the spot checks were logged.

The provider sought the views of people using the service, relatives and staff in different ways. People told us

that regular service user and relatives meetings were held. Annual surveys were undertaken of people living in the unit. We saw the results of the 'customer well-being questionnaire' carried out in November 2015 where 17 people had responded. There results were positive in relation to satisfaction levels for staff politeness, communication, activities and understanding of care plans.

The registered manager told us that the provider had recently employed a 'CQC compliance officer' to manage the quality of the unit. We saw that regular audits were carried out by her covering areas such as staff safety and recruitment, care plans, risk assessments ,capacity and safeguarding. This ensured that the service was able to identify any shortfalls and put plans in place for improvement. For example we saw that the service was making improvements in a number of areas including increasing the frequency of team meetings and introducing supervision for volunteers. The registered manager told us that peer audits also took place "to achieve and maintain high quality service delivery." In addition to this she kept herself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and received regular supervision and support from the 'Head of Senior Living'.at the providers' head office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to operate an effective system for recording medicine administration(reg 12 2(g))