

Aldwyck Housing Group Limited

Celia Johnson Court

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 

Overall summary

We carried out this inspection on 10 June 2015 and was unannounced.

Celia Johnson court provides accommodation and personal care for up to 37 older people. There was a registered manager in post. 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 and associated Regulations about how the service is run.

When we last inspected the service on 4 & 10 September 2014 we found them to not be meeting the required standards and they were in breach of regulations 17, 9, 15

Summary of findings

and 10, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that they had made the required improvements and were meeting the standards.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others.

At the time of our inspection, we saw that applications had been made to the local authority in relation to eight people who lived at the service and who were restricted from leaving the service and were awaiting an outcome, and a further two applications were pending in relation to the use of bedrails. Staff were aware of their responsibilities in relation to MCA and DoLS.

People received care that met their assessed needs and preferences. There was sufficient staff employed to meet their needs. Staff had received training relevant to their role. Staff felt supported by the management team and spoke positively about their work at the Celia Johnson court.

People received their medicines safely, administered by staff who had received training in the safe administration of medicines. People had appropriate access to health

care professionals when required. There was a choice of food and drinks, and where people were at risk of not eating or drinking sufficient amounts to keep them healthy, their food and fluid intake was monitored.

People were offered a choice of activities and supported to pursue hobbies and interests. The manager told us they were trying to recruit another activities person, to develop the range and availability of activities which were already in place.

People felt safe, and staff were able to tell us how to protect people from the risk of avoidable harm. Risk assessments were in place to help keep people safe. Accidents and incidents were monitored and recorded to ensure the appropriate remedial action had been taken. There were various quality assurance checks in place to monitor the quality of the service.

Celia Johnson Court was in the final stages of a major refurbishment. Most of the internal work to bedrooms had been completed and work was due to commence in the next few weeks in the communal areas, and corridors. The Garden and external areas were also due to be landscaped and developed to include a positive outdoor environment for the people who used the service.

The numbers of people living at Celia Johnson Court had been deliberately kept low to enable people the choice to move rooms during the refurbishment. We observed during our inspection that areas were appropriately sealed off and appropriate signage was in place to ensure people's safety was maintained and that there was minimal disruption during the works.

Summary of findings

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 safe.

People were supported by sufficient numbers of skilled and experienced staff who had been through a robust recruitment process.

Staff were aware of risks to people and how to manage them.

Medicines were managed and administered safely.

Good



Is the service effective?

The service was effective.

People received care that was effective, and were supported to make decisions about their care.

Consent was obtained before tasks were undertaken.

Staff received the appropriate support and training relevant to their roles.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals.

Good



Is the service caring?

The service was caring.

People had positive relationships with staff.

People who lived at the home were involved in the planning and reviewing of their care by staff who knew them well.

Privacy and dignity was promoted.

Good



Is the service responsive?

The service was responsive.

People received care and support that was responsive to their needs.

People were aware of how to raise concerns and were confident the manager would deal with them appropriately.

Activities, and events were planned and people were supported to pursue hobbies and interests.

Good



Is the service well-led?

The service was well led.

There were effective systems in place to monitor, identify and manage the quality of the service and to ensure any required actions were completed.

People who lived at the service, staff and relatives were positive about the management team.

There was an open and transparent culture in the home.

Good



Celia Johnson 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The visit took place on 10 June 2015 and was carried out by one inspector. The visit was unannounced. Prior to the inspection, we asked the provider to complete a provider information return (PIR) which provided detailed information about what the service does well, and plans for future development. We reviewed information we held

about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 6 people who lived at Celia Johnson court, a cook, a domestic assistant, a visiting professional, two relatives, six members of care staff, the deputy manager, the registered manager and the site supervisor responsible for overseeing the works. We received feedback from health and social care professionals in advance of our inspection.

We reviewed care and support plans for four people. We viewed four staff files. We reviewed other records relating to the quality monitoring and management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

When we inspected the service on 4 and 10 September 2014 we found that the service was not meeting the requirements in relation to the safety and suitability of the premises and people were put at risk. At this inspection we found that they had made improvements and were meeting the standards.

A visiting relative told us they “felt a weight had been lifted off their shoulders since their relative came to live at the home”. They said at least they “knew their relative was safe and that a member of staff popped in every so often to make sure they were ok”. Another person told us “I only have to press my bell and they are here within a couple of minutes”. Other people told us they felt safe living at the service. Another person said “I don’t have to worry about anything now, they do everything for me”, “it’s wonderful not having to worry all the time”.

Staff told us how they ensured people were protected from avoidable harm. We saw that staff had received training in the safeguarding of people and were able to explain different types of abuse, signs to look for, and what action to take if they thought a person was at risk. Staff told us about the whistleblowing policy, in the event of concerns needing to be elevated to a higher authority.

People’s medicines were managed safely, and administered by staff who had had the appropriate training. We saw that there was a photo of the person on the front of their medicine administration record (MAR) chart, along with any known allergies and people’s preferred place to take their medicines. Medicine records were accurate and regularly completed. Medicines were stored appropriately in a locked room inside a trolley which was locked. A recent audit of medicines did not find any concerns, and there were appropriate internal monitoring systems in place to identify any shortfalls. People told us they received their medicines regularly and a person said that “staff always check their details”.

There were risk assessments in place for people and we saw that these were regularly reviewed. The risk assessments covered a range of areas including moving and handling, skin integrity and nutritional assessment as well as the environment. Where risk was identified, there were actions in place to reduce or minimise the risk to people. For example, we noted that a person who was at risk pressure damage, had pressure relieving equipment in place as well as four hourly repositioning. These actions helped to reduce the likelihood of deterioration of pressure areas and possible skin breakdown.

People had emergency evacuation plans and clear instructions to staff on what to do in the event of a fire evacuation being required. Staff were clear about what their role was in the event of an emergency evacuation.

The manager monitored incidents, accidents, and falls. We saw actions were put in place to reduce the risk of a reoccurrence of these events. This process helped to keep people safe.

We observed that there were sufficient amounts of appropriately skilled and experienced staff to meet the needs of people safely. People told us they never had to wait too long to be assisted. We observed the lunch being served in the dining room and saw that this was relaxed and people were assisted appropriately and in a timely manner. The rotas confirmed that staffing levels were

appropriate based on people’s dependency. We observed that call bells were answered very quickly and a person said “it is not just because you are here”. “It’s always like this”.

in relation to the refurbishment of the home. This was in the final stages and we saw that fire exits were clear and accessible; there was appropriate signage in place. The home was kept clean and people were protected from risks associated with unsafe or unsuitable premises.

Is the service effective?

Our findings

When we inspected the service on 4 and 10 September 2014 we found that the service was not meeting the requirements in relation to the care and welfare of people. At this inspection we found that they had made improvements and were meeting the standards.

People told us “the staff are great; they know what they’re doing”. Staff told us they had the necessary skills and support to provide care and support to people which was effective and met their needs. All staff had attended a range of training relevant to their roles and a member of non-care staff was able to tell us that they too had had training as their role contributed to the effectiveness of the entire team. We saw that staff were supported by the management team and had regular supervisions, team meetings and an annual appraisal. The manager held a weekly ‘surgery’ where staff, people who used the service or relatives could come to see them to chat things through. We saw that actions were recorded following these meetings to ensure key points were addressed in a timely way. These processes and the availability of senior staff supported the service to be as effective as it could be.

A relative told us that “the staff seemed to know what they were doing”. We observed staff providing support confidently and demonstrating a good knowledge of the needs of the people in their care. We observed staff using a hoist to transfer someone and saw that they explained each step of the process to the person. The manoeuvre was completed safely and efficiently, and was effective in meeting the needs of the person concerned.

People were asked to consent to their care and support. We observed people being asked and staff took the time to explain to people. For example a member of staff told us “we always give people choices”. “We ask them would they like to get up now or a bit later”. “We ask them what clothes

they would like to wear and what they would like to eat for breakfast”. We observed staff obtaining consent throughout the day. Records also confirmed there were signed consent forms and these were reviewed regularly.

Staff told us that if a person was unable to provide consent or make decisions, this would be assessed in accordance with MCA 2005 and best interest decisions would be put in place. We saw that the appropriate DoLS applications had been made. This ensured people received care that was effective and met their assessed needs.

We saw that people were offered and supported to have sufficient amounts of food and drink and that there was a choice. A person told us, “The food is lovely here; it’s just like home cooked food”. Another person said, “they are feeding you all the time”. We saw that people had a choice of food. Snacks and drinks were readily available throughout the day. We saw that ‘specialist diets’ were available including pureed and high calorie diets. Staff told us that they consider people’s ethnic and cultural dietary requirements when they come to live at the home, but at the time of our inspection there were no specific cultural dietary requirements.

We noted staff asked people what they would like to eat and then brought two different options to the table so they could see what they wanted. This helped support people with dementia who could not perhaps make an informed decision when asked. There was music playing gently in the background and people were still able to communicate socially.

We saw that people’s weight was monitored and if there were any concerns people were referred to health care professionals.

People were supported to access health care appointments and staff told us the GP visited the home regular to see people along with the optician and a hearing aid technician. This demonstrated that the service was effective in meeting people’s needs.

Is the service caring?

Our findings

When we inspected the service on 4 and 10 September 2014 we found that the service was not meeting the requirements in relation to the care and welfare of people. At this inspection we found that they had made improvements and were meeting the standards.

We saw that people shared positive and meaningful interactions with staff and each other. People repeatedly told us how good the staff were and how “they were like extended family”. One person said “honestly, they are marvellous nothing is too much trouble”. “The staff are so kind.” Relatives were also positive about the standards of care provided at the home.

We observed speaking to people in a way the person could understand and allowing people time to consider their response. We saw a person asking a member of staff to do something for them. The member of staff spoke to them for a few minutes and then explained what they were going to do, providing reassurance to the person that they had listened and understood what was being asked of them.

Staff were kind and caring in their approach to people and told us that they “treated people how they would want their own Mother/Father to be treated”. We saw that people were spoken to in a way that was respectful and that people’s dignity and privacy was maintained.

People told us the staff knew them very well. A person said “they even know the family and often pop in for a chat”. People told us visitors were welcome at any time and “the

staff even cared for them”. For example if they wanted to stay for a meal they could do so. People told us they had a really good knowledge of people’s needs.” Staff were able to talk to us in detail about people’s preferences which demonstrated that they knew people well.

Staff told us they “enjoyed work at the home and really cared about the people who lived there”. Care plans contained a level of detail which captured the choices people had made and demonstrated that the care and support plans were personalised and focused on the specific needs of the person. We observed that during the delivery of personal care people’s dignity and privacy was respected, and staff were ‘discreet’ in their dealings with people who required assistance.

We saw copies of the newsletter which was distributed to residents every three months. We saw that the language, tone, content and engagement of the newsletter was caring and compassionate. It was written in a way that people could relate to and was ‘chatty, but informative’ and people told us they enjoyed this communication.

We saw staff spending time talking with people and one person told us “they really enjoyed sharing stories”. Another said “I really feel like they are interested in me”.

People were dressed appropriately for the weather, and were well groomed. We saw that people had their hair and nails done and attention was paid to people’s presentation, demonstrating that the staff cared about people and took pride in how they presented themselves.

Is the service responsive?

Our findings

A person told us “they are quick to respond to you”. Another person said they are here in an instant”. We observed that people were assisted in a timely way and never had to wait long to be attended to. People told us that they received care that met their needs and they had choices about how it was provided.

We saw during our visit that a GP had been called to visit people in the home. A member of staff told us that people’s care was constantly under review as things can change very quickly”. Staff and people told us that the staff were always looking out for them and assisted appropriately when required. A visiting professional also spoke positively about the service and how staff were aware of their visits and were there to receive them appropriately, and staff and managers were good at following instructions from healthcare professionals.

People were involved in planning their care when they came to live at the home, and were involved in regular reviews to make sure the care was still meeting people’s needs. The review included a review of risk assessments, consents, end of life wishes and incorporated the spiritual and social needs of the person as well as the physical needs.

People told us about different types of activities which were provided at the home. People could choose to be involved or not, it was their choice. Staff told us that they helped people to go out in the community and also supported people to attend events outside the home, such as visiting the local shopping centre, visiting Garden

centres and an occasional Seaside visit, weather permitting. People were supported to pursue hobbies and interests both in and outside the home. A person told us they were “looking forward to the Garden being completed so they could spend time enjoying the sunshine”. Another person said they “hoped to have a BBQ in the Summer”.

Daily communication records were completed for each shift and handover meetings were held at the beginning and end of each shift to ensure continuity of care and to make sure care continued to be response from shift to shift.

People knew how to make a complaint, and to whom. We saw that there was a complaints procedure in place. There had been a small number of complaints, these had been recorded, investigated and concluded in accordance with the complaints policy and procedure. We noted that in some cases an observer had been party to the complaints process and had contributed ‘reflection and learning’. This process demonstrated a willingness to learn from complaints and to improve.

People we spoke to told us they have not had the need to complain. A person told us “the manager is available, if I had anything to say, I would tell them”. Another person said “you don’t need to complain, we have our meetings and we can talk about anything we want”. Another person said there is an “open door meeting on a Wednesday”. “we can speak to the manager or staff then, but we have been told we don’t need to wait till the meeting, we can go in anytime”. This demonstrated a commitment from the managers and staff to listening and acting on feedback and from learning from complaints.

Is the service well-led?

Our findings

When we inspected the service on 4 and 10 September 2014 we found that the service was not meeting the requirements in relation to the management of the service. At this inspection we found that they had made improvements and were meeting the standards.

At the previous inspection concerns were raised about the safety and suitability of the premises and in particular about the effectiveness of the monitoring, relating to the building works which were in progress.

The management and staff were working closely with the site supervisor to ensure the safety and wellbeing of people, staff and visitors to the service was maintained and under constant review. Residents were also invited to attend regular support meetings to get updates on the progress of the building works and to discuss noise or other concerns. People told us they were offered 'alternative rooms during the works' and those people that choose to be moved were given the option to move back to their original room or in some cases to choose an alternative room.

The registered manager is assisted in the day to day management of the home by a number of 'care officers' and 'relief care officers' who jointly have responsibility for ensuring the smooth day to day running of the service.

People told us they thought the service was well managed. Staff told us they were proud of the way the home was run and felt they were well supported in their roles. We saw that appropriate fire risk assessments and evacuation plans had been completed along with various other audits and monitoring, including regular maintenance of equipment.

People told us they had regular 'residents meetings' and they were given an agenda in advance of the meeting and minutes were distributed following the meeting. Actions were in place where necessary.

We saw that regular quality monitoring audits were completed. The questions covered a range of topic from the standard of care, food, activities, improvements, and staffing. If people raised concerns further work was undertaken to try and improve the situation.

Staff and people who lived at the home said they found the manager approachable and available. We observed the manager and care officers supporting people and staff throughout our visit.

Staff told us that they liked the "culture and ethos of the home". Communication was effective, inclusive and consultative. People said they were involved in all aspects of the home and that they felt 'valued both as individuals and as a team'.

Staff were supported appropriately through regular supervision and appraisal and they were encouraged and supported to develop their career. Staff told us there was a suggestion box available so that if people wanted to make a suggestion, but to remain anonymous they could. Staff and management were always looking for ways to improve and this was demonstrated by the various processes they had in place.

Staff said they were able to raise concerns and felt they were listened to. We observed that the management of the home was effective and appropriate.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.