Housing & Care 21

Housing & Care 21 - Beckwith Mews

Inspection report

Seaham Street
Silksworth
Sunderland
SR3 1HN

Date of inspection visit:
02 May 2017
12 May 2017

Date of publication:
22 August 2017

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

This inspection took place on 3 May 2017 and was unannounced. A second day of inspection took place on 12 May 2017 and was announced.

We previously inspected the service on 22 and 30 March 2016 and found the service was in breach of regulations as some records were inaccessible and could not be located by the housing and care manager or senior staff. At that time the registered manager did not actively manage the regulated activity as they were based elsewhere and only routinely visited the service every four to six weeks.

Beckwith Mews is registered to provide personal care to people living in their own flats within an extra care housing complex. There are 39 self-contained apartments within the scheme and at the time of this inspection there were 29 people in receipt of a care service.

The service did not have an active registered manager. However, the person managing the service had been newly appointed and planned to apply for registration. 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.

Staff we spoke with continued to have a good understanding of how to safeguard people and actively reported concerns. Any safeguarding concerns were reported to the local authority and appropriate action was taken where required.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews.

Medicines were managed effectively with people receiving their medicines appropriately. Records were complete and up to date. Regular medicine audits were carried out which identified any gaps.

Staff continued to be recruited in a safe and consistent manner with all necessary checks carried out. Staffing requirements were assessed in line with peoples' needs. From staffing rotas we saw staffing levels were consistent and staffing cover was provided by existing staff.

Staff had up to date training, and competency assessments were carried out in relation to specific areas, including the management of medicines. Regular direct observations were carried out in between supervision sessions.

People were supported to access a range of health care professionals when required, including GPs, district nurses and occupational therapists.

People were supported to meet their nutritional needs, including where people had special dietary needs.

People had their needs assessed which included staff gathering information about people's care needs and preferences. Personalised, up to date care plans were in place to guide staff as to how people wanted their care provided.

People told us they knew how to make a complaint and would feel comfortable in doing so. The service had not received any complaints in the last 12 months.

A range of regular audits were carried out that related to the care and support the service provided to people living in Beckwith Mews.

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.

Staff knew how to safeguard people and were confident to report any concerns.

Risks to people's health and well-being were assessed and managed.

There were enough staff to meet people's needs and new staff were recruited in a safe way.

Is the service effective?

Good

The service was effective.

People felt supported by staff.

Staff received regular training, supervisions and appraisals.

People were supported to access a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and they felt listened to.

Staff treated people with respect and maintained their dignity while providing support.

Advocacy services information was readily available.

Is the service responsive?

Good

The service was responsive.

People and relatives told us the service met their needs and reflected their personal preferences and wishes.

Care plans were detailed, up to date and reflected the individual needs of each person.

People and relatives knew how to raise concerns if they were unhappy with the service.

Is the service well-led?

Good

The service was well led.

A new manager had been appointed and staff felt the service was improving.

The provider regularly sought views from people and their relatives about care and support provided.

The manager and management team completed regular audits to monitor the quality of service provision.

Housing & Care 21 - Beckwith Mews

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 3 May 2017 and was unannounced. A second day of inspection took place on 12 May 2017 and was announced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch. Healthwatch England is the national consumer champion in health and care.

We spoke with six people who used the service and two relatives. We also spoke with six members of staff including the manager, care team leader, a senior support worker and three support workers. We looked at three people's care records and five people's medicine records. We reviewed two staff files, including records of the recruitment process. We reviewed supervision and training records as well as records relating to the management of the service. We also completed observations around the service both in people's homes and communal areas.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service and receiving support from staff. One person said, "Yes, the carers are good and there is an alarm on the door now." Another person told us, "I pressed my buzzer when I had severe chest pains and they were here straight away and sent for an ambulance-probably saved my life."

Staff demonstrated good understanding of how to safeguard people and knew how to report concerns. They had all completed relevant training that was up to date. Staff we spoke with were able to give examples of potential warning signs to look out for. Two staff members told us of a concern they had regarding a person and explained how they had reported it to the care team leader. We spoke to the care team leader and manager about this and they confirmed they had raised an alert with the local authority.

The provider continued to promote their whistleblowing policy which was accessible to all staff. The manager and care team leader told us they encouraged staff to use it should they feel it necessary.

Risks to people's health and wellbeing continued to be assessed by the provider. Risk assessments were stored within care files and were appropriately linked to care plans which detailed how support would be provided to people to reduce risks. Care files we viewed showed that risk assessments were reviewed on a regular basis by the care team leader or senior care workers to ensure they reflected people's current needs.

There was a personal emergency evacuation plan (PEEP) in place for every person. Plans included details about each person's dependency, level of mobility, equipment used and how many staff were needed to help the person to mobilise/evacuate.

People told us, and records confirmed, medicines were managed safely. Everyone we spoke with told us they received their medicines on time. We viewed the medicine administration records (MARs) for five people. Most records were completed accurately, with staff signatures to confirm medicines had been administered at the prescribed dosage and frequency. We found three minor errors which related to the recording rather than administration of medicines. Regular audits had identified the errors and senior staff took appropriate action to reduce the likelihood of a reoccurrence.

The provider continued to complete regular competency checks to ensure staff administering medicines were safe and experienced to do so. Weekly medicines audits were carried out by the senior care assistances, care team leader and manager on all records to identify any errors in administration or recording. Where errors had been identified the care team leader investigated and took appropriate action. For example, formal discussions took place with staff members as well as discussions in staff meetings relating to lessons learnt. Further training for specific staff was also arranged and competency checks completed prior to them being able to administer medicines once again as part of their role.

There were enough staff to meet people's needs. One person said, "Yes, they are all decent people, if I call on my buzzer they are here within five minutes." A relative told us, "There always seems to be enough staff on

call when I visit." People did tell us they felt staff were overworked although they did not feel this impacted on the service they received.

The senior care workers used an electronic system to calculate staffing requirements. They organised people's calls of support using the in-house 'floor plan' system which contained a list of people, the support they were to receive and the times calls should take place, including the planned duration. For example, personal care, support with meals, medicines and companionship. We saw from viewing staff rotas and floor plans that staffing levels were consistent with people's needs.

A senior care worker told us existing staff covered staff absence to ensure continuity of care was preserved. They went on to explain the process in place to request cover from staff in other services through the in-house bank system if required. The senior care worker and care team leader both confirmed that the current procedures for covering staff absence were sufficient. Records we viewed in staff rotas demonstrated this also.

The provider continued to recruit new staff in a safe way. Records in staff files demonstrated all appropriate pre-employment checks were carried out. These included checks on their identity, occupational health, references and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people and check if they have a criminal record.

The service kept a log of all accidents and incidents that occurred within the service. Records included details of people involved, what had happened and any immediate and follow action taken. Action included referrals to the falls clinic. The manager showed us the electronic system they used to analyse accidents and incidents so they could identify any potential trends. They also explained that the data was sent to the provider for a central department to also analyse and feedback to them if any action should be taken that they had not already done so. At the time of the inspection here were no identified trends as there had been very few accidents and incidents.

Good

Is the service effective?

Our findings

People we spoke with and relatives told us they thought staff were trained to be able to meet their needs or their family member's needs. One person said, "Yes, they do everything very well." Another person told us, "They (staff) are helpful getting me out of my chair. They are very encouraging and help me to become independent so that I feel safe when walking." One relative commented, "I've never had any reason to question the staff training." Another relative said, "I see [family member] being looked after. He gets shaved and washed and picks out his own clothes."

Staff told us they received regular training to keep their skills and knowledge up to date. We saw certificates in staff files for training courses such as safeguarding, medicines management, first aid and moving and handling. The provider had an electronic system called 'FRED' that was used to track when refresher training was due for each staff member. The manager and care team leader told us they were qualified as 'train the trainer' and had undergone all necessary training to allow them to deliver courses to staff. The manager said, "I am going to train staff on site which will be better because staff won't need to travel and can learn in the workplace."

Staff received supervisions at regular intervals and they told us they found these useful. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to discuss training needs. Records viewed showed discussions covered a range of areas including matters arising from previous supervisions, feedback from monitoring and practical observations, training, safeguarding, medicines, absence management and records. Any actions agreed during supervision sessions were recorded and revisited during the next supervision sessions to review progress.

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

Staff were able to explain to us how they supported people to make day to day decision such as what to eat or drink. The manager told us one person recently had a best interest decision made to lock away their medicines for their own safety. The decision had been made with family and a professional. However, the person did not have a decision specific capacity assessment in place. The manager explained that a the local authority had already previously completed a capacity assessment regarding the person's ability to make decisions relating to their care. They assured us they would complete a new capacity assessment that was specific to the decision regarding the person's medicines. People's capacity to make decision was recorded in their care files, including how staff should support people to make choices.

People were supported to meet their nutritional and hydration needs where required. One person said, "I'm partially sighted so the carers make my meals and do a good job." During the inspection we observed people receiving verbal support from staff to eat their meals. A staff member was providing encouraging

prompts to a person to eat their meal. Other people told us they ordered food from the onsite cafeteria and staff brought their meals to them. People with nutritional needs had appropriate care plans in place to instruct staff how to support them. Information included details of their usual routines and preferences. For example, one person's care plan stated, 'I would normally have two slices of toast with butter and jam on with a cup of tea or coffee with milk and no sugar, but I will let the staff know on the morning when they ask me. I would like staff to make sure that my toast is cut in half for me.'

People were supported to access a range of health professionals as and when required. Care records confirmed people had regular input into their care from a range of health professionals including GPs, dieticians, district nurses, falls team and occupational therapists.

Good

Is the service caring?

Our findings

People we spoke with told us they were well cared for. One person said, "They stop and listen when they are not too busy but if you're poorly they are there; if they can help they will help." Another person told us, "They (staff) are very kind, they get me things to paint".

People told us staff treated them with respect and maintained their dignity whilst providing support. One person we spoke with said, "The carers are lovely. They help me get washed and dressed and close the curtains so no one can see." Another person told us, "They always knock on the door; everything is private." We observed staff knocking on people's apartment doors and waiting for permission before entering. People approached staff in communal areas and were greeted warmly. We observed people chatting with staff about things such as their medicines, relatives visiting and cancelling calls as they were going out. Care plans contained details of how to maintain people's privacy and dignity when providing support. For example, ensuring curtains and doors were closed when providing personal care.

Staff members had access to information about people's usual routines and preferences, including their likes and dislikes in care records. Copies of people's care records were stored securely in locked cabinets which were located in offices that were either occupied or locked. People also had their own copy of their care files in their apartments along with daily records staff completed while providing support throughout the day.

People were supported to be as independent as possible. One person said, "They're always trying to keep you mobile and independent. They will say 'come on [person's name] lets go for a walk." Care plans included information about people's own capabilities and what they required support with. Other information included how to encourage people to do particular things themselves if able.

Senior care workers continued to complete daily wellbeing checks for every person who lived at Beckwith Mews. Wellbeing checks consisted of senior staff monitoring if people had been seen each day. If they hadn't a member of senior staff contacted them by telephone to have a quick chat and to make sure they're okay. During the inspection we observed a senior care worker contacting people in their apartments to complete a wellbeing check. Other people popped into the office to inform them they were going out and they were well.

Staff supported people to help them maintain their emotional wellbeing. We viewed records and found that some people received companionship support from staff as part of their care packages. This included activities such as shopping, going for walks and having a cup of coffee and a chat.

At the time of the inspection no one received or required support from an independent advocacy service. Staff told us people were able to make decisions themselves and most had relatives who supported them with this. The manager informed us that if anyone did require the use of an advocate they would facilitate this and would support them to access suitable local services including those commissioned by the local authority. During the inspection we noted people were able to make their own decisions and some people

received support from relatives to do so.

Good

Is the service responsive?

Our findings

One person told us about their personal circumstances and struggles then said, "They (staff) encourage me to walk a bit and help me with my meals. I don't know what I'd do without them." Another person told us, "They are good and whilst taking me to the toilet they are very understanding. They wash me everywhere as I can't do it myself." A third person commented, "I'm much happier here than I was at my previous place." Comments noted from a recent survey stated, 'We have a laugh. The girls help me and make me smile.'

People had their needs assessed prior to receiving care and support from the service. Assessments were used to gather personal information about people to help senior staff better understand their needs and to inform plans of care. Information gathered included medical and life history and existing support networks. Assessments also daily living needs, medicines, communication needs and social interests.

People had a range of care plans in place to meet their needs including personal care, nutrition and hydration, medicines and mobility. Care plans were detailed, personalised and included people's choices, preferences, likes and dislikes.

Care plans contained detailed information to guide staff how to meet the specific needs of each individual person from the first point of contact when staff arrive at the person's front door. For example, to knock then enter the person's apartment saying hello and telling them who they are.

Care plans were reviewed routinely every six months and more often when people's needs changed. Care plans we viewed were up to date and reflected the needs of each individual person. People told us they felt in involved in the planning of their care and documentation contained people's signatures.

People and relatives knew how to raise concerns if they were unhappy with the service or the care provided. One person we spoke with said, "Everyone and everything is lovely and there is something that you can do every day! My daughter would complain if there was anything to complain about but I don't (need to), we all get on together and have a good laugh." Another person told us, "It's very good really, I can't grumble. I have no complaints but if I did [senior care worker] would sort. She is very good."

The provider had a structured complaints policy and procedure in place for management to follow should they receive a complaint. We observed copies of the complaints procedure in people's care files as well as on display in communal areas. The service had not received a formal complaint since 2015 but the manager informed they would act upon any concerns raised immediately. The care team leader told us they held weekly coffee mornings to give people the opportunity to raise any concerns about the service as well as share any ideas for improvement. They went on to tell us they hoped this would allow any issues to be resolved quickly and prevent the need for people to raise a formal complaint.

The care team leader told us, "When someone hasn't been happy, I've gone up personally and talked with them about any issues." They went on to explain how they resolved issues where possible.

Good

Is the service well-led?

Our findings

During our inspection in March 2016 we found the service had one registered manager on long term leave and a second registered manager who did not actively oversee the day to day running of the service as they admittedly only visited the service every 6 to 10 weeks. There was no registered manager visible in the service and the care team leader, which is the role structured to be the next in command, was also only covered by two alternative care team leaders from other services for two days of the week. This meant the registered manager was not able to carry out daily management of the regulated activity.

During this inspection we found improvements had been made. The registered manager who had been on long term leave had returned to the service in November 2016 but had recently left. The provider had recruited a new manager from another service who had commenced at the service on 2 May 2017. The new manager planned to register as the manager of Beckwith Mews. They were supported by a newly recruited Care Team Leader who had transferred from another service. Staff told us things had not been particularly good but that they had dramatically improved since the new care team leader and manager had started working at the service. Staff told us they felt more supported and explained how practices were becoming more organised.

The care team leader told us, "When I started, I went around every flat and introduced myself." The new manager informed us they planned to do the same to ensure those people who did not attend meetings or did not take part in the recruitment of their post, got to meet them and put a face to a name. They went on to explain that they hoped this would encourage people to contact or approach them if they had any issues or ideas how to improve the service.

During our inspection in March 2016 we found some records were unavailable to view as they could not be located by senior staff. Records relating to staff appraisals and falls people may had endured were not visible or accessible upon request.

During this inspection we found improvements had been made. The manager and care team leader were able to show us their matrix the used to monitoring staff appraisals to ensure these took place in a timely manner for every member of staff. Staff files we viewed also contained appraisal documentation. We also observed electronic logs of any accidents and incidents including if people had suffered falls and any action taken. The care team leader told us, "I've introduced a falls monitoring system to record any incidents people have. One person had a minor accident and we took appropriate action."

The service regularly sought views from people and their relatives in relation to the quality of the service. Surveys were sent out throughout the year and those returned were analysed by management to identify any areas of development. Questions covered areas such as staff punctuality and attitude, activities, management and premises. Feedback from surveys we viewed were positive. Responses included comments such as 'staff are polite and courteous, they listen and respect wishes,' 'Carers are excellent' and 'overall satisfied with the service provided.'

Staff used a communication book record and handed over specific information to other staff members regarding people. Information included when GP appointments that had been booked and when people's equipment wasn't working. This helped staff keep up to date with people's changing needs or provided an update on a specific event. We observed staff reviewing the communication book both at the beginning of their shift and during. Staff actively updated the book with new information as and when required.

Staff told us they had regular meetings where they had the opportunity to give their views about the service. A senior care worker said, "We've started having meetings every Monday to talk about the service." During the inspection we viewed minutes from staff meetings. We saw areas discussed included timesheets, communications book, outcomes from audits and any issues with the service.

The registered provider had systems in place to check on the quality of the care people received. Checks carried out included regular audits on medicines, care plans, risk assessment reviews, safeguarding concerns and complaints received. Specific spot checks were carried out on staff and included general appearance of the care worker, whether they wore their identity badges and if they followed infection control protocol. Other areas included documentation, medicines prompted or administered and whether staff promoted people's independence while providing support. From the spot checks we viewed, on one occasion a person had not washed their hands or recorded the times they had arrived and left. The senior care worker had identified these shortfalls during the spot check and noted an action to complete a staff discussion. The staff discussion took place with the member of staff reminding them of the importance of recorded times and stressing the necessity of infection control and potential risks if procedures are not followed.

The service had received a number of compliments and thank you cards from people who received support and relatives. Comments included "we do appreciate all your hard work", "thank you for all the love, care and respect" and "devotion showed" to a family member by staff.

We asked people and relatives if there was anything they would change about the service or if there was anything they could do better. All comments were positive. One person said, "I don't think they could do much more really."