

Housing & Care 21

Housing & Care 21 - Stanbridge House

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

Housing and Care 21 - Stanbridge House provides an 'extra care' service to people living in their own flats at the location. Extra Care housing supports people to live as independently as possible, with the reassurance of onsite care support when needed. At the time of the inspection 20 people were receiving personal care from the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

At our previous inspection on 30 March 2015 we found that records relating to people's care were not always up to date and accurate. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since our last inspection we found the service had made improvements to ensure that people's care records were up to date and accurate.

The service was responsive to people's needs and ensured people were supported in a personalised way. Staff understood people's needs and preferences. People's needs were assessed to ensure they received personalised care. People were encouraged and supported to avoid social isolation.

There were sufficient staff to meet people's needs. People told us there were enough staff to meet people's needs. Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. People received their medicines as prescribed.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

The service continued to provide support in a caring way. People benefited from caring relationships with staff. People were involved in decisions about their care needs and the support they required to meet those needs.

The service was led by a registered manager who promoted a positive culture that valued people, relatives and staff.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service was responsive.

People's care records were up to date and accurate.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

Is the service well-led?

Good ●

The service remains good.

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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 full comprehensive inspection took place on 9 May 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

The inspection was carried out by an inspector and an expert by experience (ExE). 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 previous inspection reports, the action plan that was sent to us following the last inspection and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also spoke with commissioners of the service to get their views on how the service is run.

We spoke with five people, nine relatives, six care staff, one care team leader, one housing manager and the registered manager. We looked at five people's care records, seven staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe living at the service. Comments included: "I feel safe and well looked after", "I feel safe living here" and "If I ring my pendant they turn up straight away". Relatives told us they felt people were safe living at the service. One relative told us, "She feels safe and confident with the staff. She doesn't seem to have any issues at all". Another relative said, "She's secure and safe. Before she came here we had our concerns that she was really vulnerable. We don't have those concerns anymore".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One staff member told us "I would report it to my senior or the manager. I would also contact social services, the police or CQC (Care Quality Commission) if I had to". Another staff member said "I would go to my manager first and then contact the safeguarding team".

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure damage, falls and environment risks. Where risks were identified plans were in place to identify how risks would be managed. For example, where people had been assessed as being at risk of falls during transfers to and from hoists. People's care records gave guidance for staff to mitigate the risks to people by ensuring that the appropriate equipment and manual handling techniques were used. Staff we spoke with were aware of this guidance and told us they followed it.

Staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet people's needs. One relative told us, "They have always turned up. Most of the time they let me know they are late. Most times they are within ten minutes". One staff member we spoke with told us, "I feel there is enough staff".

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not able to work in the home until references and disclosure and barring service checks (DBS) had been received.

Medicines were managed safely and people received the medicines as prescribed. Medicines were stored securely and in line with manufacturer's guidance. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines. One person we spoke with told us, "They support me with my medicine, they make sure I take it when I am supposed to".

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Staff completed training which included: moving and handling, safeguarding, health and safety, fire awareness and Mental Capacity Act. One staff member we spoke with told us, "We recently did manual handling training. It was really good".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "People have the right to make their own decisions and choices and we must respect this". Another staff member told us, "It's there to keep people safe". The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us, "You can't just force somebody to do something because you think it is unsafe. Capacity fluctuates and any decisions made on behalf of someone must be in their best interests".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families or staff went shopping for them. People had stipulated what nutritional support they needed. For example, one person had stated that they needed a drink to be left out for them following the care visit. This person's daily record's confirmed that staff followed this request.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, district nurses and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care records.

Is the service caring?

Our findings

The service continued to provide support in a caring way. People told us they benefited from caring relationships with the staff. One person told us, "They are wonderful. I would not know what I would have done without them". Another person told us, "We always have a laugh and a joke. We get to do jigsaws and have a chat. I feel really lucky".

People told us they were treated with dignity and respect. One person told us, "They always make sure I am covered up". Another person said, "They always make sure that doors and windows are closed". A relative we spoke with told us, "They encourage her to be as independent as she can and they always treat her with dignity, respect and compassion".

We asked staff how they promoted people's dignity and respect. One staff member told us, "We treat people how we would want to be treated. During personal care we cover people with a modesty towel". Another staff member said, "We make sure windows and doors are closed and that people have their privacy respected".

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carrying out personal care tasks for themselves. The staff member told us, "We must encourage people to do what they can for themselves. It's important we don't just take over". A relative we spoke with told us, "One of (the staff) took [person] to (supermarket) to buy some stuff. She really enjoyed it".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely. One person told us, "If I need to speak to someone, then they are always there and they respect my right to confidentiality".

Is the service responsive?

Our findings

At our previous inspection on 30 March 2015 we found that records relating to people's care were not always up to date and accurate. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since our last inspection we found the service had made improvements to ensure that people's care records were up to date and accurate.

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care plans contained details of people's preferences, likes and dislikes. For example, care plans contained a document titled 'all about me'. This captured person specific information that included people's previous employment, personal care preferences and important people in their lives. Staff we spoke with were knowledgeable about the person centred information with people's care records. For example, one member of staff we spoke with told us about different countries a person had lived in, the person's dislikes and what they enjoyed watching on the television. The information shared with us by the staff member matched the information within the person's care records.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care records highlighted the importance of following a person's set routine in relation to their preferences in taking their medicines.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us their care was regularly reviewed by the service. One relative we spoke with told us, "We constantly discuss (care plan) and I feel it is well managed".

People told us the service was responsive to their changing needs. One person told us, "I have had a few health problems recently and they have been extra brilliant in getting me the support I need". A relative we spoke with said, "If they think she needs the doctor. Then they will call one".

We saw evidence of how the service had responded to a person's changing needs in relation to their medication. The service worked closely with the person's G.P to ensure a review of the person's care needs was carried out. This resulted in a change to the person's medicine regime which had a positive impact on their overall wellbeing.

The home sought people's views and opinions through quarterly satisfaction surveys. We observed that the responses to the recent survey were positive. Were people had given feedback on service improvements, the registered manager had acted upon the feedback. For example, people had raised that not all staff had identification badges. We saw evidence that the registered manager had acted upon this to ensure that staff had and wore identification when visiting people.

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within people's care records. Records showed there had been two complaints since our last inspection. These had been dealt with in line with the provider's complaint procedure. One person we spoke with told us, "We are encouraged to complain if something is not right". Another person said, "I haven't complained because nothings been wrong".

Relatives we spoke with told us they felt confident that action would be taken if they made a complaint. One relative told us; "Yes. I would go straight to the office and talk to them". Another relative said, "Yes, if something is not right I would definitely let a person know about it".

Is the service well-led?

Our findings

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 2008 and associated Regulations about how the service is run.

People and their relatives spoke positively about the registered manager and the service. One person told us, "The management are wonderful. They always listen and are here to help". Another person said, "[Registered manager] doesn't hide away in the office". Relatives told us, "I feel I can call in and speak to them all the time" and "[Registered manager] is lovely. Very helpful".

The registered manager promoted a culture that ensured people were seen as individuals. The registered manager told us their visions and values for the service were, "That people are involved. If I was living in a care setting then I would want to feel listened to as well as feeling dignified and involved in what is going on". The registered manager also told us, "I want to provide a safe environment for people, that are supported by staff that are skilled and competent in what they are doing". Throughout our inspection staff we spoke with reinforced these vision and values.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager. Audits covered all aspects of care including, care plans, risk assessments, medication and the day to day running of the service. Information was analysed and action plans created to allow the registered manager to improve the service. For example, following a recent audit of the service the registered manager identified that the policies and procedures were near to becoming outdated. The registered manager took immediate action to ensure that the policies were brought up to date. The registered manager then communicated this to staff.

The service worked in partnership with GPs, commissioners of the service and district nurses.