

Housing & Care 21

Housing & Care 21 - Elm Tree Court

Inspection report

Ellar Carr Road
Thackley
Bradford
West Yorkshire
BD10 0TD

Tel: 03701924620

Date of inspection visit:
20 September 2017

Date of publication:
16 January 2018

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

Housing and Care 21- Elm Tree Court is registered to provide personal care and support to people living in the self-contained apartments within the complex. People living in the apartments have access to communal facilities including a lounge and dining room.

We inspected Housing and Care 21 - Elm Tree Court on the 20 September 2017 and the inspection was announced. This was the first inspection of the service since registration. At the time of inspection the agency was providing care and support to 38 people.

At the time of inspection 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.

There were systems in place that ensured people received their care on time, people were kept safe and their needs were met. Safeguarding adults' procedures were robust and staff understood how to safeguard the people they supported. There was a whistle blowing procedure available and staff said they would use it if they needed to. The service had systems in place to manage accidents and incidents whilst trying to reduce reoccurrence.

Medicine records showed people were receiving their medicines as prescribed. However, records did not show the time medicines were given. There were enough staff on duty to meet people's needs. The provider conducted appropriate recruitment checks before staff started employment to ensure they were suitable to work in the caring profession.

Staff received supervision and training both to meet people's needs and to enable them to carry out their roles effectively. There were processes in place to ensure new staff to the service received appropriate induction training.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions.

People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People told us they were involved in planning the care and support they received and staff respected their wishes and met their needs. However, records looked at did not always show all of the people who was involved in this process.

People who used the service and their relatives knew about the complaints procedure and said they believed their complaints would be investigated and action taken if necessary. People told us they thought the service was well run and that the registered manager was supportive.

There were effective quality assurance monitoring systems in place and the registered manager recognised the importance of regularly monitoring the quality of the service provided. People and their relatives were provided with opportunities to provide feedback about the service.

The registered manager was aware of their responsibilities in relation to notifying the Commission (CQC) about reportable incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People told us they felt safe receiving care in their own home.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

People were supported to receive their medicines safely. However, records did not show the times that medications are given.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training and support to make sure they carried out their roles effectively.

The registered manager understood the Mental Capacity Act 2005 (MCA) and acted within this legislation; for example, people were asked for their consent before care was given.

People were referred to relevant healthcare professionals if appropriate and their dietary needs were met.

Is the service caring?

Good ●

The service was caring

Staff were caring and supportive and encouraged people to be as independent as possible.

Staff understood how to support people's privacy and dignity and knew people's care and support needs well.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place to ensure staff provided care and support in line with people's preferences.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a service that had a registered manager in post and a culture that was open, friendly and welcoming.

Staff enjoyed their work and told us the management team were supportive.

Systems were effective in assessing and monitoring the quality of care provided to people. The service encouraged feedback and used this to drive improvements.

Housing & Care 21 - Elm Tree 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.

We visited Housing and Care 21 - Elm Tree Court on 20 September 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection was carried out by one inspector and an expert-by-experience who visited the service with inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority or Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we looked at the care records of five people who used the service, staff training and recruitment records and other records relating to the day to day running of the service and the care and support people received.

We also spoke with the registered manager, five staff members, seven people who used the service and one relative of a person who used the service.

Is the service safe?

Our findings

We saw the provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to identify different types of abuse and the reporting procedures. The service had a whistle blowing policy which provided guidance to staff on how to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority's safeguarding unit and the Care Quality Commission if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

Policies and procedures relating to the safe administration of medicines were in place and the staff we spoke with told us they had completed medication training. We saw medication administration records (MAR) were in place and had been completed by staff correctly. We saw medicines were securely stored in a locked cabinet in people's apartments and suitable arrangements were in place to ensure people took their medicines safely.

People told us they received their medicines as prescribed. One person said, "I need my medicines at a given time and the staff always make sure I have them." However, we found records did not show the actual time people were given their medicines. This made it difficult to monitor if there were appropriate gaps between the administration of some medicines. The registered manager said this would be addressed.

The registered manager also stated they supported people to ensure they always had an adequate supply of prescribed medications but if any person did not have any more of their prescribed medication left, staff offered them help and support in contacting their GP or pharmacy if the person had a repeat prescription.

One person told us staff had been putting cream on a broken area of skin due to some recent medical treatment. However, we did not see information in the person's care plan to indicate the skin breakdown. Medicines guidance for Adult Social Care states 'Information about the frequency of use, thickness of application and areas of the body to which the cream is applied, should be readily available to the person applying (staff member or person for whom the medicine is prescribed)'. We spoke with the registered manager about this who has agreed to investigate this matter.

The registered manager told us the provider employed sufficient staff for operational purposes and both they and many care staff had been employed at Housing and Care 21 - Elm Tree Court since it opened in 2015. This has helped to ensure people received continuity of care.

Through discussions with people who used the service and staff we found there was enough staff with the

right skills, knowledge and experience to meet people's needs. People we spoke with told us they felt there was enough staff available to give them the support they required.

One person said, "The staff are wonderful, as soon as I press this (pendant) they come." However, two other people told us when they press their pendant for support to go to the bathroom they are told they will have to wait until their next planned call. We spoke with the registered manager about this concern and it was explained by them they are only able to provide to people the care visits that are commissioned. The registered manager did also say they would discuss and offer private additional calls to those people who needed them. They also agreed to put this in their next news bulletin. Care records looked at and speaking with people evidenced people were receiving their commissioned calls.

We saw recruitment and selection procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work.

Risk assessments were in place where areas of potential risk to people's general health, safety and welfare had been identified. We saw the care plans and risk assessments provided staff with clear guidance on how to meet people's needs and were reviewed on a regular basis. This ensured they provided accurate and up to date information and people received the appropriate care and support.

Staff told us if they noticed any new areas of risk they took immediate action to minimise the risk. They then informed the registered manager who arranged for a thorough risk assessment to be carried out and the care plan updated. We saw risk assessments covered such areas as mobility, medication, infection control and the environment.

We saw incidents and accidents were precisely recorded and included a description of the incident and any injury, action taken by staff or management and recommendations to prevent reoccurrence. We saw these records were reviewed as part of the internal audit system. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people were kept safe.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provide staff with information on how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction. These were kept in a file in the office which were accessible to staff.

Is the service effective?

Our findings

People told us they were supported to make their own decisions and felt they could influence what support they received. People told us staff always asked them for their consent before assisting them with personal care and they were always given choices regarding how they wished to be supported. One person said, "They always ask what I want and check with me first before doing anything."

We looked at the staff training matrix and found staff received appropriate training to meet people's assessed needs. All staff received an induction to the company's policies and procedures and a period of shadowing before working on their own. We saw there was a training plan in place which showed the training already scheduled for 2017. The staff we spoke with told us they had completed several training courses including health and nutrition, safeguarding, moving and handling, health and safety and medication.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. The staff also told us there was always a manager on call outside of normal office hours who they could contact at any time for guidance, advice and support.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw evidence of consent in people's care records. For example, the care plans we looked at showed, wherever possible people had been involved in planning their care and support and had consented for staff to assist them. Staff confirmed they had received training on the MCA and showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their daily life. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found the service was working within the principles of the MCA and managers had an understanding of how these principles applied to their role and the care the agency provided.

We saw if people who used the service required staff to assist or support them to prepare food and drink, information was provided within their care plan. However, we were told both the lunch and evening meals were provided in the on-site restaurant. People told us they were supported to choose meals that took

account of their preferences and nutritional needs. They also told us they were supported to have sufficient quantities to eat and drink and encouraged to maintain a balanced diet.

People told us they had the ability to influence the food served. For example, people were involved in menu planning. The people we spoke with told us the food provided was good and their dietary needs were met. One person said, "There is always a good choice and the food is always well cooked." Another person said, "There is a restaurant on site which is very good. Staff will support people to go to the restaurant if you are unable to get there independently. The food is very good."

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their care plans to help ensure staff were aware of people's healthcare needs. The registered manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals.

People reported the service assisted them to meet their healthcare needs. One person said, "I have had them ring the doctor for me and make arrangements." We saw any contact with health professionals was recorded within care plans. This provided evidence that staff had liaised with professionals such as GPs over any health-related concerns.

Is the service caring?

Our findings

People told us the staff that supported them had a caring attitude and treated them well. One person said, "I have no concerns, they are excellent."

People reported staff respected their privacy and dignity. One person said, "Yes, I think they do (respect my privacy)." Another person said, "They knock on the bedroom door and wait for me to answer before entering. They all know me." People and their relatives told us that staff were caring in the way they delivered support.

One person told us when they came to Housing and Care 21 - Elm Tree Court the registered manager asked if they would be happy to have a male staff member provide personal care. They said they would not want this. The person told us during the present week they had been sent a male member of staff to provide their personal care. We spoke with the registered manager about this, they were aware of this person's preference and they were appalled this had happened. The registered manager checked the staff rota and agreed to firstly investigate and secondly ensure it does not happen again.

The registered manager told us the service was selective in their recruitment approach to ensure staff hired for the posts had the right caring attitudes and values. Staff we spoke with demonstrated good caring values and a desire to ensure people were provided with personalised care and companionship. For example, staff told us of the importance of ensuring they had conversations with people as well as completing care tasks. Staff told us one of the best things about Housing and Care 21- Elm Tree Court was that they had time to chat with people and visits were not rushed. This helped develop good positive relationships between people and staff.

Care plans contained information on how people liked their care to be delivered. Care records demonstrated people's independence was promoted in plans of care for example; encouraging people to do aspects of their personal care themselves.

People said they felt listened to by the service. They were also encouraged to maintain their independence wherever possible. For example, people said they were able to make choices and staff respected their refusals if they didn't want any care and support delivered. Care plans considered people's choices and preferences. Daily records of care provided evidence that people's choices were respected, for example, around daily living and food. People told us they were able to do as they pleased.

The registered manager told us that advocacy services had been involved with a person to support them to be independent and to support them to make decisions for themselves.

The service had a policy on maintaining confidentiality which confirmed that the sharing of information would be restricted to staff within the service and other relevant professionals if required. Staff told us they understood and respected confidentiality. Comments included; "We only share information on a need to know basis" and "We do not discuss the people we support with anybody else apart from professionals with

their consent." The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately. They said that maintaining confidentiality at all times was an important part of establishing a trusting relationship with staff.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

People live independently in their own apartments as part of a tenancy agreement. Where people needed support with daily living this was mainly assessed and commissioned through the local authority. The registered manager told us people could purchase extra services from the provider through a private arrangement to either supplement the local authority commissioned care or solely privately.

People told us they had a care plan and care staff visited throughout the day to deliver care as planned. Outside the care visits they live independently in their own apartments. They told us, "There is a hairdresser on site, restaurant which is very nice and a lounge where prayer is offered once a week."

Prior to service delivery, the registered manager met with people to discuss their care needs and complete an initial assessment of need. This was to establish whether the service could meet people's needs. Once the care package was agreed, care plans were developed by the registered manager and senior care staff. These were developed gradually as the service got to know people and their individual needs and preferences.

People told us there was a copy of their care plan in their apartments which staff viewed and recorded in. We looked at people's care records which showed care plans were in place for each person describing the care and support to provide at each visit. These varied in detail dependent on the complexity of the package. Overall, we found the care plans were appropriate and contained the necessary information for staff to deliver personalised care.

People told us staff reviewed and discussed their care and support with them on a regular basis to ensure that their changing needs were met. We saw evidence of this in people's care plans. However, reviews did not always show all of the people who were involved in the review process. The registered manager said this would be addressed.

Overall people said timeliness of the service was good. One person said, "Yes [Name of staff] arrives on time. I don't worry about the time they come. Usually they are very regular." Another person said, "They let me know if they are going to be late." A third person said, "It has never happened, never had anyone late." However, one person said, that staff were occasionally late. We looked at daily records of care which confirmed to us that most visits were usually consistently on time and staff told us unless there was an emergency they were able to get to visits on time.

People said care tasks were complete and overall staff stayed the correct amount of time. One person said, "I don't feel rushed. I feel they are giving me the time they are supposed to and that it's good. If I am having a shower I will book it in advance, or they will ask me." Another person said, "[Staff] are very good, but some will go before and I more or less talk them into staying the right amount of time. It's not often they're late." On reviewing records of care delivery we saw staff usually stayed with people for close to the full call time. Staff meeting minutes showed that staff were reminded of the importance of staying with people for the full call time, demonstrating the service recognised this was important to people.

The registered manager told us they had a proactive approach to managing complaints and senior staff were always available to talk with people and deal with any concerns as soon as they arose. The provider information return (PIR) completed by the organisation showed the service had dealt with five complaints in the last 12 months under the formal complaints procedure. We found all the complaints received had been dealt with appropriately and in line with the complaints procedure.

People who used the service or their relatives said they had been provided with information on how to raise concerns and any concerns raised had been quickly addressed. They told us they felt confident the staff would listen and act on their concerns. One person said, "If I have anything on my mind I speak out and things are sorted out." Another person said, "If I have a problem it is addressed quickly." A third person said, "I can speak to staff about anything and I have no complaint."

Is the service well-led?

Our findings

People praised the standard of care provided at Housing and Care 21- Elm Tree Court and said it provided a consistent and good quality service. One person said, "I'm glad I moved in here. They all do a good job." Another person said, "They come when you want and do what you want." People said the management team were accessible and approachable.

We received positive feedback about the registered manager and staff. One person said, "[Name of the registered manager] is brilliant, always welcoming and always takes time to speak to us." Another person said, "The staff are lovely and make you feel at ease, I am so pleased I came to live at Elm Tree."

People spoken with said they found the office helpful should they contact them with any queries. One person said when I phone or visit the office they were immediately helpful. Another person said, "When I have left messages for the manager they always get back to me."

Staff spoken with said they would recommend the service to their own relatives and friends. One staff member said, "It's a good place to work, people are well cared for and I really enjoy my job." Another staff member said, "It's a good service we are not rushed and people are not rushed, I think we provide good care."

All the people who we spoke with knew who the registered manager was. They told us the registered manager held tenants' meetings but they did not always attend.

The management carried out spot checks on staff practice. They looked at the recording of documentation and the care practice of staff. We saw if improvement were required following these checks they were followed up with staff individually or raised for action at staff meetings.

The staff we spoke with told us communication and support within the service was good. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service. We looked at staff meeting minutes which demonstrated a range of quality issues had been discussed including staying the allotted time for each planned visit and care practice.

Staff said the registered manager maintained a visible presence and often spent time with them and people who used the service. One staff member said, "[Name of registered manager] is out and about all the time, chats to everyone and finds out what's going on around the place."

We saw there were robust internal and external auditing and monitoring processes in place to assess and monitor the quality of service provided. For example we saw accidents and incidents were audited monthly. The audits listed the date of the incident, the name of the person, whether it involved staff, tenants or visitors, if an investigation had been undertaken and the date it was closed. The registered manager told us audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place

and appropriate changes were implemented.

The registered manager told us they benefitted from the organisational structure in place which ensured managers were supported by the provider in their role. They also told us they completed a monthly report which covered all aspects of the service which was sent to the provider's head office and that an action plan would be implemented if shortfalls in the service were identified.

We saw as part of the quality assurance monitoring system people who used the service were asked to complete an annual survey questionnaire. The registered manager told us the information received was collated and an action plan formulated to address any concerns identified. We also saw the organisation held tenant and family meetings on a two monthly basis and published a newsletter.

Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.

Throughout the inspection we found the registered manager and staff we spoke with were open, honest and positive in their approach to the inspection process.