

Coventry City Council

Harry Caplan House

Inspection report

The Bridle Path
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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

Harry Caplan House provides housing with care. The unit consists of 32 flats; people live in their own home and have a tenancy agreement with Whitefriars Housing. Staff provide personal care and support to people at pre-arranged times and in emergencies. At the time of our visit there were 25 people using the service.

At the last inspection, in June 2015, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care and support which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. When people required support to take their medicines as prescribed, they were only supported by staff when they had received the training to do so.

The care people received continued to be effective. Staff received training linked to the needs of people who lived at the home. People were encouraged to make their own decisions and choices and staff checked people wanted care before helping them. People where required were assisted to access health and social care professionals.

People had built caring relationships with staff who spoke warmly about people they cared for. Staff knew what was important to people and encouraged them to maintain their independence. People were treated with kindness, dignity and respect.

People and their relatives' views and suggestions were listened to when people's care was planned. Systems were in place to manage complaints. People and their relatives knew how to raise any complaints or concerns.

People and their relatives were complimentary about the way the service was managed. The registered manager had conducted regular checks and audits to assess and monitor the quality of the support and care provided.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Harry Caplan House

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 checked 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 was a comprehensive inspection that was completed on 29 June 2017 and was announced. This was so people could give consent for us to talk with them.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority commissioning department (who commission services on behalf of people) and Healthwatch. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During the inspection we spoke with 11 people who lived at the home and two relatives. We spoke with the registered manager, general manager, assistant manager, a senior support assistant, two support assistants, two laundry assistants, three visiting community professionals and a visiting doctor.

We looked at a range of documents and written records including two people's care records, including the administration of medicines. In addition, we looked how complaints processes were promoted and managed and three staff recruitment and training records. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included minutes of staff meetings, quality surveys completed by people and their relatives and health and safety audits.

Is the service safe?

Our findings

People told us they were confident about their personal safety living in their flats because of the care and support they received from staff. One person said, "I'm better living here than at my old home. I'm safe here." A relative told us, "All the staff are keen to help [relative's name] and I know she is safe."

Staff had received training in how to protect and keep people safe from abuse and discrimination. They told us how they recognised signs of abuse and the actions they needed to take to report any concerns to management and/or the local safeguarding authority. The registered manager understood their role and responsibilities in reporting and dealing with concerns to make sure people remained safe. We were aware there was an on-going investigation by the local authority regarding a specific incident and the provider was awaiting the outcome. The provider told us they had taken measures to help prevent a similar incident from happening again.

We saw in people's support plans and staff told us risks to people's health and welfare had been considered. For example, written guidance was available for staff to follow to support people in their individual flats. This included hazard awareness to prevent people and staff having accidents. A relative told us, "They help [relative's name] getting in and out of bed, as she is prone to falling." The provider had a system in place called "Walk the floor audit", where at least once a month staff met with each person in their flat to identify any hazards or problems with equipment, to ensure people stayed safe.

People and their relatives told us there were sufficient numbers of staff to meet their needs and help them stay safe. Where people needed more than one member of staff to support their needs, this had been provided. People benefited from an experienced staff team who had worked for the provider for several years, so people were often supported by the same staff, who knew their support needs and had built trusting relationships with them. A person said, "There is enough staff, they are all marvellous."

The provider followed robust recruitment procedures. Recruitment records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. DBS checks return information about any convictions and cautions, which help employers, make safer recruitment decisions and prevented unsuitable people from working with particular groups of people.

Where people had been assessed as requiring support to take their medicines, we saw staff had received training in their safe administration. People confirmed to us they received their medicines on time as prescribed. One person said, "My medicines, the staff do them, they are always on time." Staff confirmed they had received training and had been assessed as competent to be able to support people with their medicines. We saw the provider had undertaken regular medicine audits to ensure administration records were checked, to ensure they were completed accurately and any discrepancies were identified in a timely way.

Is the service effective?

Our findings

People and their relatives told us they were happy with the care and support provided, and it met their individual requirements, (as recorded in their care plans). One person told us, "I am fairly independent but if I cannot do anything, staff will always help me." A relative said, "I'm happy because [relative's name] likes it here." A visiting health professional was complimentary about the care and support people received, "Staff do a good job."

All the staff we spoke with told us they felt supported and had been helped to achieve the skills they required to care for people in their flats. They achieved this through regular training sessions and opportunities to reflect on their practice at their one to one supervisions and appraisals. One staff member shared their experience of training as "Although I've worked in care for a long time, you still need regular training to keep up-to date. For example manual handling techniques have changed over the years, it's necessary to keep people and ourselves safe."

We saw the assistant and the registered manager were passionate about providing staff with the training they required and to follow this up by ensuring staff competencies were regularly checked. For example they shared their skills with the staff team by providing in house training on the new quality audits to ensure staff understood the importance of maintaining people's safety and welfare.

We saw people's consent to care continued to be sought and people gave us examples of how their rights with regards to consent and making their own decisions continued to be respected by staff. One person told us, "Staff always ask what clothes I'd like to wear, they helped me choose this dress to match my slippers." One relative told us staff were mindful to maintain their family member's independence.

The registered manager and staff understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions so these were made in people's best interests.

People and their relatives told us where possible they made their own health appointments, but if required staff assisted them. We saw and heard how staff liaised with health professionals, social workers and doctors to arrange appointments or seek advice when required. All the health and social care professionals visiting the provider on the day of our inspection were complimentary about the staff's contribution. They said they felt staff worked well as part of the multi-disciplinary team, to provide the best outcomes for people.

Although people had facilities within their flat to cook their own meals the provider offered support to people to eat (a paid for meal) in a communal dining room. People described the food on offer as good with a choice of menu. Arrangements were in place to assess and monitor people's dietary needs if this was required and/or if people were identified at risk from not eating sufficiently. Staff told us if necessary they supported people to ensure their dietary needs were met so they remained well.

Is the service caring?

Our findings

People who used the service told us staff treated them with kindness, dignity and respect. During our inspection we saw people laughing and joking with staff, enjoying each other's company. When people became anxious staff quickly reassured them. For example we saw a staff member assisted a person to find their way to the communal dining room, when they were unsure of the way. They [staff member] said, "This way to the dining room, it's okay take your time." The person facial expressions quickly changed to a smile.

People were supported from a stable staff team and were able to build trusting relationships with them. One person said, "All the staff are good I have no grumbles." Another person told us, "I love all the staff. I get on with them like a house of fire." A relative said, "The staff are so good, I'd move in here."

People were encouraged to make decisions and choices about their care and support they received. People and their relatives told us they had been consulted about the contents of their care plans and reviews. This included how people would prefer their end of life care and support. These details were included in people's care plans with instructions for staff to follow in the event of their death.

Staff understood the importance of respecting people's confidentiality and told us they would only share information about people on a need to know basis. We saw care records were secured in the office in locked cabinets and only staff with authorised access could look at them. A staff member described how they maintained people's privacy and dignity by stating, "We always make sure we don't discuss individual people's needs in open areas, such as hallways to avoid other people over hearing the private conversations."

Staff understood and respected the need for people to maintain their independence. The level of care and support people required varied. One person told us "Staff know I like to try to do things for myself so let me try." Where people required assistance with personal care staff were sensitive to support people discreetly, when someone needed help with their incontinence equipment they assisted them, ensuring their flat and toilet door was closed behind them.

Is the service responsive?

Our findings

People told us they were cared for and supported in the way they preferred. One person said, "I settled in here, the very first day I arrived. This place is lovely. I get all the help I need." A relative told us, "It is nice here; if they ever have any problems with [relative's name] they will speak to me." Another relative said, "They [staff] are always honest with us, so I am more than happy."

A visiting health professional described how the staff team were responsive to people's individual's needs and made contact with them in a timely manner. They gave us the example of how one person had developed difficulty drinking from a cup, so the staff had emailed them to see if they could provide them with a suitable drinking beaker the same morning.

The registered manager described how people's support and care needs were assessed before moving into their flat. People confirmed this was the case. One relative told us they had been asked to contribute to their relative's care plan by providing details of the family member's personal history what was important to the person. They told us "The support plans are constantly changed to reflect any changes."

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how it promoted inclusion for people of all religions, cultures and sexual orientation. They gave us examples of how they supported people to follow their chosen religions, through particular religious services being offered within the communal areas.

People and relatives said they were happy to raise any concerns with the registered manager or any staff member and were confident they would be listened to. One person gave us an example of how they had raised a concern about the behaviour of another person living in the flats. They described how action by the management had been taken promptly so no further incidents had occurred and they now felt safe again.

Is the service well-led?

Our findings

Since our last inspection in March 2015 there had been a new manager appointed who registered with us in May 2017. 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.

Everyone we spoke with knew who the registered manager was and were complimentary about her and the changes she was making. One person told us, "Oh yes I know the manager... I am happy to approach her about anything." All the people we spoke with were positive about the services they received from staff in their flats. One person said, "I'd hate to move anywhere else." A relative described the care and support their family member received as "Magnificent, we'd looked at lots of homes but we feel this is the best home in Coventry."

Staff members told us they felt happy to approach the management and felt their opinions mattered and were listened to, as individuals and through supervisions and staff meetings. One staff member told us, "[Registered manager's name] and [assistant manager's name] are always supportive." They said they would recommend the service "As a good place to work."

The registered manager provided us with examples of their commitment to providing high quality care for people. She had introduced new quality assurance systems to monitor the quality of care and support people received. We saw evidence of the feedback from surveys she had sent to people and their relatives to identify any areas for improvements. One person had written, "I cannot think of any areas improvements. All the staff are extremely pleasant and helpful. I cannot fault anyone. Thank you for all you do." The sentiments were echoed by a relative they had responded, "[Registered managers name] and senior support assistants name] are always lovely. The service provided meets all my [relative's name] needs and I have no concerns whatsoever."