

## Housing & Care 21

# Housing & Care 21 - Seafarers Way

### 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

This inspection took place on 30 June and 7 July 2017 and was announced. This means the provider knew we were coming. At the last inspection on 3 and 6 May 2016, the service was rated requires improvement. We also found the provider had breached the regulations in relation to safe care and treatment, the need for consent, staffing and person-centred care.

The service provides an on-site domiciliary care and support service to people who are tenants within Seafarers Way extra care scheme. The scheme is aimed at people living with dementia. The scheme can accommodate up to 38 people. At the time of our inspection there were 35 people receiving a care service.

The service had a registered manager. 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.

Since our last inspection the provider had improved the effectiveness of the risk management processes in the service. Where a potential risk had been identified a risk assessment had been carried out to help keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Best interest decisions had been made on behalf of some people using the service. Care staff were not following current good practice by not always documenting a Mental Capacity Assessment in respect of these decisions. We have made a recommendation about this.

A new format for assessing people's needs and support planning had been introduced. This prompted staff to gather information about people's needs and preferences. This information was used to develop detailed and personalised support plans for each person. Support plans were reviewed in line with the provider's expectations.

People were happy with the care they received and said staff were kind and caring.

Previous safeguarding concerns had been dealt with in line with the provider's procedures.

Medicines records were accurate and accounted for the medicines people had received. Staff were trained and assessed to confirm they were competent to administer medicines. Medicines audits were effective in identifying issues relating to medicines.

There were effective recruitment processes to ensure new staff were suitable to work with people using the service. For example, requesting and receiving references and checks with the disclosure and barring service (DBS).

Incidents and accidents were logged and monitored to ensure action had been taken to keep people safe.

A business continuity plan had been developed to guide staff through how to deal with emergency situations.

Staff received the training and support they needed. Records confirmed training, supervisions and appraisals were up to date when we inspected the service.

One complaint received had been investigated and resolved in line with the provider's complaint procedure.

People and staff had opportunities to give feedback and share their views about the service. Regular staff meetings took place and questionnaires were sent out to people to gather their views. The provider had received positive feedback about the service.

There were effective systems in place to check on the quality of people's care. These included checks of falls, complaints, medicines, people's daily records and support plans. A senior manager also regularly carried out checks of the service.

## 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.

There were effective risk management processes in place. Procedures had been developed to deal with emergency situations.

Medicines records supported the safe administration of medicines.

The provider followed effective recruitment procedures when recruiting new staff.

### Is the service effective?

Good ●

The service was not always effective.

The provider complied with the Mental Capacity Act 2005 (MCA). We have made a recommendation about documenting MCA assessments in line with current good practice.

Staff received good support and appropriate training.

People were supported with nutrition in line with their assessed needs.

### Is the service caring?

Good ●

The service was caring.

People said they received good care.

People were treated with respect by caring staff.

Care records contained information about people's preferences.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed to determine the individual support they wanted and needed.

Detailed and personalised support plans had been developed.

Complaints were handled appropriately.

**Is the service well-led?**

The service was well led.

Staff told us management were approachable and supportive.

People and staff were asked for their views about the service.

The provider carried out checks on the quality of people's care.

**Good** ●

# Housing & Care 21 - Seafarers Way

## **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 and was carried out by one inspector. The inspection took place on 30 June and 7 July 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service.

The provider completed a provider information return (PIR) prior to the inspection. 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.

We spoke with six people living at the service and two relatives. We also spoke with the care team leader, a senior care assistant and four care assistants. We looked at a range of records which included the care records for three people, medicines records for three people, recruitment records for three staff, supervisions, appraisal and training records. We also looked at a range of other records related to the quality and safety of the service.

# Is the service safe?

## Our findings

During our last inspection in May 2016 we found the provider had breached the regulations relating to safe care and treatment. This was because some risk assessments did not clearly document the controls required to keep people safe.

During this inspection we found improvements had been made to improve risk management within the service. We found that a range of standard assessments were completed when people moved into the service. These included assessments of the person's living environment, medicines and falls. The falls risk assessment tool had been enhanced since our last inspection to include a risk grading and clearer information about the controls needed to manage the risk of falls. For example, one person son had been identified as being at 'very high risk' of falling. The measures identified to help keep the person safe included prompts for staff to check for trip hazards when visiting the person's home, purchasing new footwear and a referral to an occupational therapist for specialist advice and guidance.

In addition to the standard assessments, bespoke risk assessments were in place where specific risks to people's safety had been identified. For instance, specialist advice had been sought from the fire brigade to help keep a person safe. We saw the advice given had been incorporated into the person's individual 'fire risk assessment'.

People and relatives felt the service was safe. One person said, "Yes it is safe because they look after us." Another person commented, "Safe yes, I keep my door locked." A third person told us, "Ooh yes I am safe. They are very helpful if you need them. They make sure I am alright." A fourth person said, "Oh yes I am safe, the staff are trained." One relative told us, "They make sure it is safe."

Staff also confirmed the service was safe. One staff member said, "Safe. Yes because of the good staff team. We go above and beyond to make sure people are safe."

Staff had been made aware of the provider's whistle blowing procedure. They told us they had not needed to use the procedure whilst working at the service. One staff member commented, "Not once (had to use the whistle blowing procedure). I wouldn't be very happy if I thought any girls working here were doing anything. I would have no problem raising them (any concerns)." Another staff member said, "Without a doubt I would raise concerns."

Staff had a good understanding of safeguarding and knew how to report concerns. We viewed the provider's safeguarding log which confirmed appropriate referrals had been made to the local authority safeguarding team. Investigations had been completed and the action taken logged. For example, one safeguarding referral related to a medicines error. Records showed a full investigation had taken place and action taken to help prevent the situation from happening again. The registered manager carried out a monthly safeguarding audit to review that appropriate action had been taken in response to each concern.

Medicines records supported the safe administration of medicines. People received their medicines from

trained and competent staff. We saw the provider kept accurate records to account for the medicines people had been given and the reason for any non-administration. All completed medicines administration records (MARs) had been checked and audited to ensure they were completed correctly. Where any gaps had been identified in records action had been taken to address the issue. This included specific discussions with the appropriate staff member, increased observations and additional training. One person said, "They help me with medication because I can forget. They stay until I have taken them."

People confirmed they received their care from a consistent and reliable staff team. One person said, "They are mainly on time. They always stay for the full length, sometimes a little bit more. They are very quick to respond to the buzzer." Another person told us, "If I want a carer they will come." A third person commented, "If you need assistance it is not delayed, which is important."

The provider had an effective process for recruiting new staff. They carried out a range of pre-employment checks before new staff started working with people using the service. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people. Where there were gaps identified in an applicant's employment history or an issue with a DBS check, a specific assessment was in place which confirmed the applicant was suitable to be employed.

Incidents and accidents were logged and monitored every month. We saw from viewing records that action had been taken to address each concern. For example, one person was referred to a health professional for additional advice and guidance to help prevent them from falling.

There were policies and procedures in place to ensure people were safe and continued to be cared for in emergency situations. The provider's business continuity plan provided guidance about dealing with a range of emergencies such as the loss of the building, IT, phones and the call monitoring system. The procedure included step by step actions for staff to follow and identified who was responsible for each action.



## Is the service effective?

### Our findings

During our last inspection in May 2016 we found the provider had breached the regulations relating to the need for consent and staffing. This was because the provider had not complied fully with the requirements of the Mental Capacity Act 2005 (MCA) where there were doubts about people's capacity to make decisions. Care workers had also not received some of the essential training they needed to provide safe and appropriate care which met people's specific needs, such as training in dementia awareness and the MCA.

During this inspection we found improvements had been made to the provider's approach to the implementation of the Mental Capacity Act 2005 (MCA) and staff training.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found examples of documented best interest decisions when we looked at people's care records, particularly in relation to the provider being involved in managing people's finances. Care records did not always clearly evidence these best interest decisions were made following a MCA assessment to determine the person's capacity to consent to these arrangements in line with current good practice as recommended by the Mental Capacity Act Code of Practice.

Since our last inspection staff had completed specific training on the MCA. We found when we spoke with staff they demonstrated a good understanding of how the MCA applied to the daily living decisions they supported people with. They gave us examples of how they supported people with making choices and decisions. For example, one staff member said, "We show them items to choose from and make suggestions based on what is in their care plan." People confirmed staff asked for permission before providing any care or support.

We recommend the service reviews current guidance on the Mental Capacity Act 2005, including the MCA Code of Practice and takes action to update their practice accordingly in line with best practice recommendations.

Staff were well supported to carry out their support role. One staff member said, "I feel very supported. We all help each other." From viewing staff files we found supervisions and appraisals were up to date. Appraisals provided staff with an opportunity to discuss their development needs as well as medium and long term goals.

We viewed the provider's training matrix which identified a number of training courses as being mandatory

for all care staff. This included moving and handling, fire safety, medicines, safeguarding and nutrition. Records confirmed mandatory training was up to date for all staff. We also found since our last inspection all staff had completed training on dementia awareness and the MCA. One person said, "The staff are trained and do a terrific job with elderly people who can be quite awkward."

People were supported with nutrition and accessing healthcare in line with their needs. People had support plans which described the support they needed in these areas. This was usually meal preparation, preparing drinks for people or supporting people to make their own meals. People told us they only had to ask and staff assisted them as best they could. For example, some people told us staff supported them to go to the on-site restaurant on a lunch time and then helped them back to their apartment when they were finished.

## Is the service caring?

### Our findings

People and relatives said the service provided good care. One person commented, "It is alright. They look after you. I love it here. I love living here, I fell in love with it the day I saw it." Another person said, "I think I am very well cared for." A third person said, "I like it here, I have a nice flat." One relative commented, "[Family member] gets well looked after here. It was like winning the lottery when they came here." Another relative said, "[Family member] is happy here and is well looked after."

People and relatives gave us positive feedback about the staff. One person said staff were, "Good, nothing is a bother to them. If I am down they come and cheer me up. They share a joke with me." Another person told us, "I find them all very good. I think they work hard." A third person commented, "I like the carers." A fourth person said, "The people that work here, they do a great job." One relative said, "They are caring. The way they treat them (people) is fine. There is no ill-treatment what I can see."

Warm relationships had developed between people and staff. One person commented, "I have a very good relationship with staff. They make me a cup of coffee when I want one. I go out with one of the carers and I thoroughly enjoy it." Another person said, "The staff really care for the people they are working to. They understand about talking to elderly people." One staff member said, "Most staff have been here since day one. We have got to know people really well. We involve every single person."

Staff understood the importance of promoting people's dignity and respect. They gave us examples of how they provided care in a dignified and respectful manner. One staff member said, "I treat people as if they were my relative. I speak to them all the way and tell them what I am going to do."

People were supported to be as independent as possible. One person commented, "I try to challenge myself. They say let's put you in the shower. I like to wash myself." Another person told us, "I do the majority of things myself. I ask (staff) and they do it. If they don't do it properly I tell them. I cannot praise them enough, they make my life easier." A third person said, "I have always tried to manage myself. I can make myself a cup of tea and something to eat." Staff also told us they aimed to promote independence. One staff member said, "If they can do it, let them do it. If they can wash themselves we give them a sponge and let them do it."

Care records contained information about people's preferences including any likes and dislikes they had. For example, one person particularly liked fishing and watching certain TV programmes and films. Each person also had a document called 'all about me'. This provided details of their life history, such as their early life, family, education, family life, careers and hobbies. This provided staff with information to help them get to know people and their needs better.

## Is the service responsive?

### Our findings

During our last inspection in May 2016 we found the provider had breached the regulations relating to person-centred care. This was because where people were living with dementia, support plans did not reflect their specific needs relating to dementia. Support plans had also not been evaluated regularly to ensure they reflected people's current needs.

During this inspection we found improvements had been made to person-centred care within the service. The provider had implemented a new format for assessing people's needs and support planning. This was focused on gathering information to help ensure support plans were based on people's individual needs and preferences. For example, the assessment tool included prompts for staff to gather information about what was important to people in relation to their care, what was currently working for them in their life and what a 'good day' and 'bad day' would look like for them. These prompts were designed to help staff determine what each person wanted from the service and what things staff should avoid.

Support plans were detailed and personalised to the individual needs of each person. They provided step by step guidance for staff to follow to help ensure people received consistent care and support. They also included prompts to remind staff about any particular preferences people had. For example, one person had a preference for what they wanted for their breakfast each day. This was documented in their care plan with a reminder for staff to still ask the person first to check they hadn't changed their mind. Another person specifically wanted staff to knock on their door and say 'hello' before entering their apartment. Again this was clearly documented in their support plan. All of the support plans we viewed had been reviewed in line with the provider's expectations. A brief record was kept of the discussions that took place during the review. We discussed with the provider about providing a more detailed record of the review moving forward.

Although the provider was registered to provide care, they still supported people to attend the activities that were available in the scheme. One person said, "Sometimes we have a quiz and things like that."

People only gave us positive feedback. However, they also knew how to raise concerns if required. One person said, "I would just go to the office." Another person told us, "I don't need to make a complaint." There had been one complaint made in the last 12 months. This had been fully investigated and action taken to resolve the issue. This included providing additional support and re-assessing the person's care needs.

## Is the service well-led?

### Our findings

The service had a registered manager. At the time of our inspection they had recently started a period of planned temporary absence from the service. The provider was in the process of confirming interim management arrangements until the registered manager's return. Staff gave us positive feedback about the management of the service. One staff member commented, "We have a good management team. You can go to them with any problems. They back us all the way." Another staff member told us, "Management are definitely approachable. They say if you don't come and tell us, how do we know there is a problem." Statutory notifications had been submitted to the CQC when needed.

Staff had opportunities to give feedback and share their views about the service. One staff member said, "We have meetings all of the time to discuss things. If you want to speak in private you can. You can go to the office at any time."

The provider regularly asked people for their views about the care provided at Seafarers Way. We viewed the most recent feedback from June 2017. People had given consistently good feedback for all of the questions asked. These included asking people whether staff were polite and courteous, whether staff listened to them and their overall satisfaction with the service. Although there were no concerns raised following the most recent feedback, the provider had taken action to address minor concerns raised in previous questionnaires.

The provider had recently received compliments from relatives about the care and support provided at Seafarers Way. One relative had commented their family member could not have received 'better care'. Another relative stated that moving to the service had been the 'best decision' they could have made for their family member.

The provider had a range of quality audits in place to check on the quality of people's care. These included regular monitoring of falls, complaints, medicines, people's daily records and support plans. These audits had been successful in identifying issues relating to people's care and ensuring relevant action was taken. For example, issues had been identified relating to some people refusing personal care or medicines and needing an increased level of support. The action taken in response to these circumstances was clearly recorded and included changing the way support was provided, reassessing people's needs and increasing the amount of support some people received. Lessons learnt was a theme for all audits with specific prompts provided to remind staff to think about this when conducting audits.

In addition to the audits the registered manager usually completed, a senior manager also carried out regular checks of the service. The last one was completed in February 2017 and identified one non-care related action.