

## Housing & Care 21

# Housing & Care 21 - Lonsdale Court

### Inspection report

Lonsdale Court  
Pategill  
Penrith  
Cumbria  
CA11 8LD

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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

The inspection took place on 24 October 2016 and was unannounced.

At our last inspection of Lonsdale Court the service was compliant with the regulations in force at that time.

Housing and Care 21, Lonsdale Court provides extra care living accommodation (which is not regulated by CQC) and a domiciliary care service, which is regulated by CQC. The service is available for older people, who may also be living with dementia, physical disabilities or sensory impairments, who live within the extra care complex at Lonsdale Court.

People who use this service are encouraged to remain as independent as possible. Services offered include help with personal care, meals, medication and general domestic duties.

There are some shared facilities available within Lonsdale Court including a communal lounge area where activities and social events take place. People who live at Lonsdale Court are also able to access a communal dining room where a hot lunch can be provided by arrangement.

There is a registered manager at the service. 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.

At this inspection of the service we found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who used this service told us that they felt safe with the care staff who supported them. They felt that staff were good at their job and knew what they were doing. Everyone was very complimentary about the staff and the registered manager at the service. Although one or two people commented that they sometimes had to wait for staff to come and help them, no one raised this with us as a concern or issue.

People had their own copies of their care plans and risk assessments in their flat. People told us that they had been involved in the development of these documents and had been asked about what they needed help with and about the things they could do for themselves. This helped to make sure people were supported to be as independent as possible and were treated with respect and dignity. The people we spoke to during our visit to the service told us that they thought the service provided good care.

We found that staff had been recruited to their roles appropriately and safely. They had been provided with training and supervision to help ensure they improved and maintained their skills and knowledge. Staff told us that they felt well supported by the registered manager at the service.

No one that we spoke to had ever needed to make a complaint about the service. However, people knew who to speak to should they have any concerns to raise. People felt that they would be listened to and that action would be taken if necessary. The service had a procedure in place to help people raise complaints or concerns. There were some gaps in this process which meant that people may not always have had sufficient information about where to direct their concerns.

We have made a recommendation about the complaints processes in place at the service.

The people we spoke to during our inspection of the service were all aware of who the registered manager was and everyone met her frequently. Staff and people who used the service all told us that they felt comfortable speaking to the manager.

Although some people were unsure whether they had been consulted about the quality of the service we did see evidence to confirm that they had. Satisfaction surveys had been carried out, meetings had taken place and informative newsletters had been regularly produced.

We saw that the registered provider had oversight of the quality and safety of the service and had carried out at least annual quality audits at Lonsdale Court. In addition to these audits the registered manager had undertaken monthly checks to help ensure records had been maintained accurately and kept securely.

The registered manager is required to notify CQC of certain events and incidents that occur at the service. We found that the registered manager had not always done this.

We have made a recommendation about familiarisation with the requirements of the notifications process.

## 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.

People who used the service told us that they felt safe and that staff knew what they were doing when providing support.

People who used the service were protected against the risks of receiving unsafe care and support because the service had good systems in place to ensure risk assessments were reviewed and updated when necessary.

There were robust systems in place to help ensure only suitable staff were appointed to work with vulnerable adults.

### Is the service effective?

Good 

The service was effective.

The staff working at the service had been provided with appropriate training and support. This helped them to support people effectively with their care needs.

People who used the service had been consulted about their care needs and had consented to the level of support they required.

People who used this service were supported to maintain independence and control over their lifestyle.

### Is the service caring?

Good 

The service was caring.

People who used the service told us that the staff provided good care and that they were treated with respect and dignity.

There was information and support available to help people access advocacy services if they wished for this type of support.

People were provided with information and explanations when requested. Personal information was treated with respect by the service to help ensure confidentiality and privacy were

maintained.

### Is the service responsive?

Good ●

The service was responsive.

People who used this service had detailed and person centred care plans in place. The care plans reflected their wishes and personal preferences, including activities and interests. People were supported to access community based activities if they wished.

There was a formal complaints procedure in place at the service. However, this referred only to the housing side of the business. People had not been provided with relevant contact details of alternative agencies who may assist with their concerns.

### Is the service well-led?

Good ●

The service was mostly well led.

People had been consulted about the quality of the service.

There was oversight from managers and senior managers with regards the quality and safety of the service. Where shortfalls had been identified, plans with clear timescales for actions to be completed had been developed.

People who used the service and staff were confident in the performance and capabilities of the manager.

The registered manager had not always notified us about incidents, accidents and events that affected the running of the service.

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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.

The inspection was carried out by one adult social care inspector.

Prior to our inspection we gathered and reviewed the information we held about the service, including notifications, the provider information return and questionnaires that had been returned by some of the people who used or visited this service.

During our inspection visit to the service we spoke to three of the people who used the service, we spoke to two members of staff and the registered manager. We looked at a sample of four care and support records, the recruitment records of four members of staff and reviewed the staff training records.

We reviewed the medication policy in place at the service as well as the policies in relation to complaints, infection prevention and control, safeguarding vulnerable adults and capacity and consent.

We also looked at accident and incident records, staff and resident meeting minutes and the operational audit report.

# Is the service safe?

## Our findings

The people we spoke to during our visit to the service all told us that they felt 'safe' with their care workers. People who returned questionnaires to us also stated that they felt safe from the risks of harm or abuse. One person told us; "They (staff) know what they are doing and they are very good at their job. I feel safe with them when they are helping me." Another commented: "I feel very safe with the girls (staff). I am confident that they know what they are doing." We were also told by a person who used this service; "If I need help they are always there. I can just call them. They can't always come straight away as they have other people to attend to, but they get to me as soon as they can. They don't rush in and out either, they do their job perfectly."

Although the people we spoke to knew when to expect their visits from care staff, one person said "Sometimes I have to wait to go to bed" and another person told us that staff were "sometimes in a rush." However, neither of these people were concerned about this because they were both confident that staff would visit them as quickly as possible.

The care staff that we spoke to thought that there were a sufficient number of them on duty to meet the needs of the people who used the service. They told us, and we saw from the staffing rotas that more staff were available during the busy period in the morning, when most people wanted help getting up and getting breakfast. There was a system in place to help ensure staff were appropriately deployed. The staff we spoke to felt that this system worked well and meant that people didn't have to wait long for help from care staff.

In the sample of care records we reviewed, we saw that risk assessments had been carried out and were regularly reviewed in order to keep people safe. Risk assessments included personalised information about people's needs and abilities. There were clear instructions for staff to follow where risks had been identified, particularly around the safe management of infection control and supporting people with their mobility. There were additional risk assessments in place where people may have been at risk from falls or had specific medical conditions.

We noted that staff had received training with regards to safeguarding vulnerable adults from abuse. The service had policies and procedures in place to help them deal appropriately and effectively with any allegations of abuse. These documents were also available on notice boards throughout Lonsdale Court. The staff we spoke to during the inspection were able to tell us about the safeguarding process and knew what to do if someone disclosed information of concern to them.

We reviewed the accident and incident records kept at the service and we compared them with the information we held about Lonsdale Court. We found that the registered manager had notified us appropriately and had reviewed people's care records and risk assessments following any incidents. This helped to make sure action had been taken to try to prevent accidents happening again.

We looked at the way in which staff had been recruited. Prospective staff had completed application forms and attended for interview with the registered manager. Appropriate checks had been made to help make

sure only suitable people had been appointed to work at this service. Where staff had not been working in line with expectations and company procedures, we found that the registered manager had dealt with the issues quickly and effectively.

We looked at the way in which people were supported with their medicines. The service had procedures in place and staff had been provided with training to help ensure medicines were administered safely.

People were only supported with their medicines when they were not able to safely manage themselves and were encouraged to be as independent as possible. Some people required only reminders to take their medicines whilst others required more support. Medicines were kept safely in people's own flats. Administration records were well maintained and the sample we looked at did not have any gaps or errors. People had received a risk assessment to help make sure they could manage their own medicines safely and where help was needed, people had given consent for this.

A community health care professional told us that they felt the care staff followed good hygiene and infection control practices. We saw that staff used appropriate protective clothing when needed and had received training with regards to infection control and prevention processes.



# Is the service effective?

## Our findings

We spoke to people who used the service and asked if they thought the staff knew how to support them properly. One person commented; "They (staff) know what they are doing and I know what I have help with. They help me to shower, help with my medicines and clean up." Another person told us; "I can do a lot for myself, but the girls (staff) know what I need help with. They don't try to take over and help me only with what I want, a shower and help into bed."

We spoke to the staff on duty at the time of our inspection. We asked them if they felt well supported and correctly trained. All staff told us that they were supported by their manager. One said, "I get good support from the manager. I have regular supervision and there are staff meetings. We can talk to the manger whenever we want."

Two people who used the service had completed satisfaction surveys prior to our inspection. They told us that care and support workers had the skills and knowledge to give them the care and support they needed.

We looked at training records for the staff and saw that they had received a variety of social care training. This included safeguarding vulnerable adults, moving and handling and infection control. The service had also signed up to externally monitored training such as moving and handling and national vocational qualifications, which when completed resulted in a certificate in care for staff.

New employees completed a comprehensive induction, which followed the nationally recognised Skills for Care programme and included learning from experienced staff.

We looked at supervision and appraisal records for staff. We saw that these supervisions and appraisals were up to date. Some supervision records were more detailed than others. However we noted that the manager used these one to one meetings to challenge and improve staff performance.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. In domiciliary care situations applications must be made to the Court of Protection. At the time of our inspection no applications had been made to the Court of Protection.

We reviewed how the service supported people to make their own decisions. People who used the service told us that they lived as independently as possible in their own homes and were happy with the support of the service. People were able to make their own decisions about their care and support needs. We saw that people had signed and consented to the information recorded in their care plans. The provider had policies

and procedures in place with regards the MCA. Staff had been provided with some training and when we spoke to them about this subject they were able to demonstrate that they had a working knowledge of the MCA.

A community professional told us; "The service makes sure its staff know about the needs, choices and preferences of the people they work with and the staff are competent to provide the care and support required by people who use this service. The manager and staff understand their responsibilities under the Mental Capacity."

We looked at how people were supported to take adequate nutrition and hydration. Not everybody who used the service required this type of support. We saw that people were helped with breakfast, lunch and tea when required. Sometimes staff prepared the food or help people to prepare their own meals. There was a system in place at the service where people could have their lunch prepared in the communal kitchen and eat with others who lived at Lonsdale Court, if they wished.

## Is the service caring?

### Our findings

During our visit to the service we spoke to three of the people who used the service and asked them if they thought the service provided good care. One person told us; "Yes, I am very happy with the service. I am treated with dignity, my privacy is respected and the girls (staff) are never rude." Another added; "They're all very good, I have got to know them all and they know me. I don't count them as my carers but my friends." The third person said; "Everything is alright, they are smashing lasses and look after me great. They are not unkind, they are friendly and sociable and always there when I need them."

We were unable to observe staff working with people in their own homes. However the staff and people who used the service that we spoke to assured us that the service provided professional staff who had a caring and friendly manner. We read a sample of people's daily records written by the staff that reflected this.

We received satisfaction surveys from some of the people that used this service. People told us that staff treated them with respect and dignity and that the care workers were 'caring and kind.'

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. People who used the service had capacity to make their own decisions and were supported to maintain their independence. People told us that they were able to make their own decisions about the care and support they received. We observed staff speaking to people in communal areas, we heard them providing information and explanations when asked.

People were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this. We saw that leaflets and information about advocacy services were available so that people could access these services independently if they wished.

Due to the nature of the service provided staff often had to access people's property with a key. This was because some people had mobility problems and had agreed for staff to have access to their homes so they were able to be supported. We observed staff accessing people's flats. We saw that staff knocked on doors and called out to people before entering the flats in order to alert people to their presence. The staff we spoke to knew that maintaining people's privacy and dignity was important.

At the time of our visit there was no one requiring end of life care. However, the registered manager told us that in the past staff had supported people coming to the end of their life. This support had been provided with the assistance of specialist nurses such as the MacMillan nurse, Hospice at Home service and the community nursing services.

## Is the service responsive?

### Our findings

All of the people we spoke to told us that they had a plan of their care and support needs. The people we visited as part of the inspection showed us copies of their care records that were kept at their flat. One person told us; "I am happy with the service and I know what support to expect from the staff, although they would help me with other things if need be." Another person commented; "I know what to expect and I have a care plan. The staff know what they are supposed to help me with and if not, I tell them. I have no problems and no complaints. I am quite happy with everything as it is. If I had a concern I know who to raise them with. I think they would listen and help to sort out any problems." A third person said; "I have no complaints about the service I get or the way in which the staff help me. They are very friendly and sociable people."

The community professional who completed one of our surveys told us that the service always acted on any instructions and advice given and that the service co-operated with others, sharing relevant information when needed. They also told us that the manager and staff were accessible, approachable and dealt effectively with any concerns that might be raised.

Prior to people going to live at Lonsdale Court, social workers from the local authority carried out care needs assessments. The assessments helped to formulate person centred care plans for each individual who used the service. This meant that people who used this service received the support they needed with their daily living activities without compromising their independence.

We looked at a sample of the care plans kept in the office at the service. The people we visited during our inspection also allowed us to look at the copy of their care plan which they had in their flat. These written records contained detailed information about people's care and support needs as well as information to help staff meet those needs appropriately and safely. For example, risk assessments were in place to help ensure staff supported people with their personal care needs, mobility and medication safely and in line with people's choice and expectations.

Staff maintained records of each visit they had made to people who used this service. The information corresponded to the instructions recorded in care plans about people's needs and requirements.

Each care plan contained a detailed pen portrait to help the service learn about the individual needs, interests, likes and dislikes of each person who used the service. This information was also used by the service provider to help support people with their leisure and social interests. The provider helped people to access day centres, their church and other interests outside of Lonsdale Court as well as providing interesting activities within the service. This helped to prevent people becoming socially isolated and encouraged them to remain part of community life.

We noted that reviews of care plans were carried out regularly and involved the person receiving support. Where necessary their relatives and other health and social care professionals had been invited to participate in the reviews.

The people we spoke to knew how to raise concerns about the service they received if they needed to. People told us that they felt comfortable telling someone if they were unhappy about any aspect of the support they received.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. However, this document referred only to complaints or concerns about the housing side of the business and did not provide details of other organisations that people could contact if they were dissatisfied with the response of the provider. The registered manager told us that this process was under review and was about to change to include complaints about the care service and contact details of the local authority, local ombudsman and CQC. We noted that the service had not received any complaints at the time of our inspection.

We recommend that the service seeks advice and guidance from a reputable source to ensure complainants know what action they can take if they are dissatisfied with the way in which their complaint has been managed or responded to, internally, by the provider.

## Is the service well-led?

### Our findings

The information gathered from surveys we sent to people who used this service indicated that not everyone knew who to contact at the service if they needed to. However, the people we spoke to during our inspection visit all confirmed that they did know and knew the names of the people they should speak to about the service.

No one we spoke to raised any concerns with us. The information we held about the service also showed that we had not received any concerns since our last inspection.

A health and social care professional thought that the service was well managed and tried hard to continuously improve the quality of care and support they provided to people.

The service had a registered manager who had been in post for a number of years. Throughout the inspection the manager conducted herself in a professional manner and acknowledged there were areas in the service that would benefit from further development, especially around the complaints process and ensuring that documents had been signed and dated following review or update.

When we spoke to people who used the service it was clear they were aware of who the manager was and everyone told us that they saw her frequently. People told us that they felt comfortable speaking to her.

We spoke to the staff on duty at the time of our inspection. They were complimentary of the manager and of the management style. Staff said that the manager was very supportive and they all felt that they could speak to the manager about any issues or concerns. They told us that they liked working for the service and that there was a 'good team'.

People were not sure whether they had been asked about the quality of the service they received. However, we saw evidence that quality questionnaires had been sent to people who used the service and their relatives. They had been designed to ascertain whether people were satisfied with the service they received. The last survey (2016) had generated a report for the registered manager to take action upon. The report showed that 39% of the people who used the service had responded to the survey. 100% of the respondents stated that the staff visited them at the times agreed; that they were notified of any changes to their care packages and that they know about the complaints process. However, issues had also been identified with staff not staying their full allocated time and helping with things needed.

The registered manager showed us how she was making improvements to the identified shortfalls. Staff meetings and supervisions had taken place in order to remind staff about their responsibilities and the service protocols. Staff newsletters provided information about the company and about the training that was available to staff to help improve their skills, knowledge and practice.

People who used this service were also kept up to date with regular newsletters, which provided information about the company as a whole and about local events which might affect them directly.

This meant that the registered manager was promoting an open culture that was inclusive of people who used the service and staff.

Audits and checks were undertaken regularly. Housing and Care 21 had an internal quality team who visited the service at least once per year. The quality team checked that records were accurately maintained and that the service operated to the company policies and procedures. Where areas for improvement were identified, action plans had been put in place with clear timescales for completion.

We looked at some of the audits that had been carried out at the service. We found that audits were carried out monthly and included checks and reviews on care records, medication administration records, accidents and incidents. This helped to make sure that records were maintained up to date and accurately as well as being stored securely.

However, we found that some staff training records were not up to date and the sample of personal emergency evacuation plans had not been fully completed. We spoke to the registered manager about these matters at the time of our inspection as they required attention.

From the information we held about the service, we noted that the registered manager generally notified us about incidents, accidents and events that affected the running of the service. However, we found that this had not always been carried out as required. We found three incidents had occurred that should have been reported to CQC. We discussed this with the registered manager during our visit to the service.

We recommend that the registered manager familiarised themselves with the notification processes so that CQC are informed of such matters as required and in a timely fashion.