Housing 21

Housing 21 - Diamond Court

Inspection Report

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Summary of findings

Overall summary

Housing & Care 21 – Diamond Court is an extra care housing scheme and domiciliary care service providing personal care to people who live in their own homes. At the time of the inspection the service was providing care to 62 people. People lived in their own flats within two buildings and shared access to communal areas such as a library, a restaurant and dining room, gardens and a variety of seating areas.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider.

Records did not always reflect the care, treatment, and medicines that people received. We found the service needed to make improvements in this area. You can see what action we told the provider to take at the back of the full version of the report.

We found that one notifiable incident had not been reported to the CQC since the last inspection. Registered managers have a statutory duty to notify the CQC of circumstances and events that might have an impact on the care they are providing.

On the day of the inspection we saw people were well cared for and their needs were met at times that were convenient to them. People told us they felt involved in their care and were able to talk with staff and the manager about any concerns they had. Comments included: “I was involved in my care plan.” and: “I’m very happy with what I get here. They really do care.”

We found there was a positive relationship between staff and management.

People were getting on well with each other and staff throughout our inspection. We heard chatter and laughter in the communal areas of the building.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe with the staff who supported them. One person said: "I can relax because I have the care… they notice how I am." Another person commented that the staff were "kind" and made them feel "safe". Staff were able to describe to us the procedure for reporting abuse. We saw that safeguarding concerns had been raised with the local safeguarding authority and social care professionals told us they were confident in the ability of the service to identify and notify them of abuse. This reduced the risks of people experiencing abuse.

People felt respected and were involved in decisions about risk taking. Staff understood the risks people faced but the written records did not provide enough individualised detail to ensure that staff who did not know people well could provide safe and appropriate care. We found the service needed to make improvements in this area.

People's medicines were mostly administered safely and the administration was recorded accurately. Staff with responsibility for administering medicines had received appropriate training. Recorded information about as and when medicines such as pain killers did not provide detail about when these medicines should be taken. We found the service needed to make improvements in this area.

Staff had limited understanding of what the Mental Capacity Act 2005 sets out as the legal framework for decision making. They were able to describe how consent to care worked in practice and people told us, and we observed, that staff sought people's permission before carrying out care tasks. The registered manager told us that everyone receiving a service had capacity to consent to their care; however, people's care records did not provide evidence of this assessment. The registered manager had identified this as an area for improvement and we saw that they had a plan in place.

Are services effective?

Staff ensured people's needs and preferences regarding their care and support were met. Staff we spoke with talked knowledgably about the current needs of the people they supported.

Summary of findings

We looked at four care plans and found that two had not been updated to reflect changes in the support people needed. However we found that there were gaps in these records where care had been given but not recorded. We found the service needed to make improvements in this area.

The service worked in partnership with health professionals to ensure people were supported to have good access to health care.

Supervision and staff meetings were taking place on a regular basis. We saw that these covered care and staff related topics and that staff were able to contribute to the agendas. These were both useful tools to capture and develop working practices.

Are services caring?

We observed, and people told us, staff were caring and kind. One person described the staff as “very attentive”, and we saw staff giving care in a gentle and respectful way. Staff worked in a way which maintained people’s privacy and dignity. One person said: “I think they are very good. They do what you need, check you are ok and encourage you to do it independently.”

Staff spoke with knowledge and respect about the people they supported. People told us the care they provided was consistent and met their needs. They felt understood and accepted by the staff and told us that their dignity and independence were promoted.

People received care that was consistent and reflected their wishes. People told us they could rely on the staff to do what they needed them to do. One person said: “They do everything that is in my care plan.”

People and their relatives were encouraged to make their views known about their care and support. They said they were listened to and this meant the care they received was appropriate.

Are services responsive to people’s needs?

People were involved in designing their care plans and felt able to share their opinions about their care. They had an identified member of staff who spoke with them regularly about their care and made changes to their care plans with them if necessary.

Staff responded quickly and appropriately when people’s care needs changed. Staff told us they spoke with each other to ensure the care they gave was appropriate. We saw that health professionals were contacted quickly when people needed on going or emergency healthcare.

Summary of findings

The service had a complaints procedure in place. People told us they felt able to say when they wanted changes made and that they were listened to. They were confident that concerns would always be addressed by the senior staff team.

Are services well-led?

People and staff said they found the management team were approachable. People and staff said they were able to share any concerns with senior staff and were confident that these would be listened to.

People and professionals said there were enough staff to meet people's needs and that staff were competent and knowledgeable. We saw that the staff were busy but unhurried. Staff described people's needs to us consistently and told us these needs were always met. They said that they worked as part of a strong team that communicated well.

Regular audits were carried out to help ensure the service was operating effectively and safely. However, these had not identified the issues found by this inspection. For example we found two care plans had not been updated and this had not been picked up by the homes internal care plan audits.

Other quality assurance processes had identified areas for development such as staff training needs and these had been actioned.

We found that one notifiable incident had not been reported to the CQC since the last inspection. Registered managers have a statutory duty to notify the CQC of circumstances and events that might have an impact on the care they are providing. The registered manager acknowledged this omission and explained the circumstances satisfactorily. This was an isolated situation and they told us they would complete and submit it after the inspection.

Summary of findings

What people who use the service and those that matter to them say

We received feedback from 26 people in response to a questionnaire compiled on 17 April 2014, and we spoke with eight people who used the service.

After the inspection site visit, we also spoke with two social care professionals who had worked in partnership with the service.

People told us they felt safe with the staff. One person said: "I can relax because I have the care… they notice how I am." Another person commented that the staff were "kind" and made them feel "safe".

People told us they were involved in planning their care. One person told us: "I was involved in my care plan." Another person said: "Oh yes, at the beginning we talked about what I wanted and needed."

People spoke positively about the staff that supported them and the care they received. One person said: "I'm very happy with what I get here. They really do care."

We also heard that staff were responsive to people's needs. One person described a senior member of staff. They told us this member of staff always "sorts things…makes things happen".

People also told us they would be happy to raise concerns and complaints. One person said: "I would tell Kate (registered manager) without worrying. They wouldn't foo foo you."

Housing 21 - Diamond Court

Detailed findings

Background to this inspection

We told the provider two days before our visit that we would be coming, and one inspector visited the service on the 24 April 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection under Wave 1.

On the day of the inspection there were 62 people receiving personal care. They were living in flats on two sites. We were shown around one of these sites including the communal areas and we were invited to visit three people in their flats. People had shared use of a restaurant and dining area, garden spaces, a library and a number of seating areas around the building. Two of our visits to people took place whilst they were being supported by staff. We also spent time looking at records, which included people's care records, and records relating to the management of the service.

Prior to the inspection, we reviewed information received from the organisation and examined previous inspection reports and information received by the Care Quality Commission. At our last inspection in July 2013 we did not identify any concerns with the care they provided. Prior to the inspection we also reviewed a draft of the information completed by the registered manager as part of the Wave 1 inspection methodology and questionnaire feedback from 26 people who used the service.

We spoke with eight people who were using the service on either the day we visited or by telephone after our inspection. We also spoke with a visiting relative, five members of staff and the registered manager. After the inspection we also spoke with two social care professionals who worked in partnership with the service.

During the inspection visit we reviewed four care plans, a selection of the service's policies and procedures and four staff files.

Are services safe?

Our findings

People told us they felt safe with staff. One person said: "I can relax because I have the care… they notice how I am." Another person commented that staff were "kind" and made them feel "safe". Of the 26 people who responded to our questionnaire, 25 said they strongly agreed with the statement that the felt safe from abuse and or harm from the staff of this service. One person said that they disagreed with this statement.

People were at a reduced risk of harm because staff knew how to identify and respond appropriately to abuse. We spoke with five staff about how they would report concerns about abuse. All were able to describe who they would speak to within the organisation. They also knew what to do if their concerns were not addressed stating they would report to other agencies. Not all the staff knew who these agencies were, but they were able to explain where the information and contact details were kept. We saw that safeguarding concerns had been raised with the local safeguarding authority and social care professionals told us they were confident that safeguarding alerts were made appropriately.

People were protected from avoidable harm because the service learned from incidents and accidents and put plans in place to reduce the risk of them reoccurring. For example, we saw that all recorded falls also detailed any learning or actions needed. When new equipment was identified as necessary we saw that this had been provided. Action had also been taken when other professional involvement or health investigations were indicated by the analysis of people's falls.

Staff had limited understanding of what the Mental Capacity Act 2005 sets out as the legal framework for decision making. One member of staff said: "I think we have touched on that but I'm not really sure." They were, however, able to describe how consent to care worked in practice. People told us that staff checked with people before carrying out care tasks and we observed this in practice. People's care records did not detail whether or not the person had capacity to make decisions about their care. The registered manager had identified this as an area for improvement. We saw that senior staff had begun a 12 week course about capacity assessments and the Mental Capacity Act 2005. The course would be completed in August 2014 and the registered manager explained appropriate training would also be provided for the whole staff team.

A ruling from the Supreme Court on 19 March 2014 extended the definition of when people are at risk of deprivation of liberty. This had not affected anyone receiving care from the service. The relevant organisational policy was under review at the time of our inspection and did not yet reflect the impact of the ruling on domestic settings. However, the registered manager told us they would ensure the new procedures would reflect the ruling.

People were involved in managing risks in their lives, but some information was not recorded appropriately. Staff understood the risks that people faced and talked confidently and consistently about them. We heard from people about how staff supported them to manage risk in their life in a way that respected their dignity and promoted their independence. For example, two people described how staff always respected the domestic skills they were trying to maintain and did not do things for them even when it presented more risks to manage. Risk assessments were completed and reviewed regularly, however these were generic and did not contain the personalised detail that staff described. For example, we saw that the risk assessments for two people where staff were intervening to manage risks around nutrition and dehydration did not refer to these specific risks. This meant people might be at risk when being supported by staff who did not know their care needs well. We found the service needed to make improvements in this area. This was because people were not protected against the risks of unsafe or inappropriate care arising from the lack of proper information about them by means of the maintenance of an accurate record including appropriate information. Regulation 20 (1) (a).

People felt safe because they felt respected and were involved in decisions about risk taking. We saw evidence that staff worked to promote independence. For example, we saw that one person had a support plan that said they needed staff support when out in the community. The person had been involved in an assessment and it had been agreed they would now go out alone. We saw that they did this throughout our inspection; however their care plan had not changed. There is a risk that people receive inappropriate care if care plans do not reflect the care needed. We found the service needed to make

improvements in this area. This was because people were not protected against the risks of unsafe or inappropriate care arising from the lack of proper information about them by means of the maintenance of an accurate record including appropriate information. Regulation 20 (1) (a).

We looked at the arrangements for management of medicines for four people. We saw their medicines administration records and medicines assessments. We spoke with two of these people and saw their medicines in their flats. They told us they received the medicines they were prescribed. One person said, "They look after all of that for me." They told us they had agreed to this and we saw that all four records included a record of people's consent to the support they received with their medicines. All of these people had capacity to make this decision.

People were supported with their medicines respectfully, for example we observed a person discussing with staff when they would prefer to take a particular medicine. We saw the medicines in people's blister packs matched the medicines recorded in their care plans. We saw in one person's records that a discrepancy between what the person usually took and what came in the blister pack had been picked up by staff and they had liaised with the GP to ensure the person received the right medicines. This demonstrated staff were alert to possible errors and able to act on them appropriately. Staff told us they received annual training in medicines administration and were assessed to check their competence. We saw evidence of this in the training record kept by the registered manager and in four staff files.

The medicines policy had been updated and the senior staff now audited medicines administration records on a weekly basis. This meant they picked up gaps in recording in a timely manner. We saw that where staff had not initialled the record this had been noted and addressed. Staff told us that this was the case, and were clear on their responsibilities regarding medicines administration. However, one person's time dependent medicines were not recorded clearly. This person had risks identified in their care needs assessment associated with taking medicines at the wrong time. The records suggested that they were not getting a safe gap between doses of a medicine. There was a risk that this would be harmful. We spoke with the registered manager and they made changes to the person's visit times to ensure a safe gap between the times medicines were administered.

Records did not provide enough information about medicines that were given as required such as pain relief, creams and heart medicine. We saw that people had these medicines recorded without information regarding when they were needed. This meant there was a risk staff would be inconsistent in their approach to using these medicines. We found the service needed to make improvements in this area. This was because people were not protected against the risks of unsafe or inappropriate care and treatment arising from the lack of proper information about them by means of the maintenance of an accurate record including appropriate information. Regulation 20 (1) (a).

Are services effective?

(for example, treatment is effective)

Our findings

People's care reflected their needs, choices and preferences. People told us they had been involved in their initial assessments and subsequent reviews of their care. One person told us: "I was involved in my care plan." Another person said: "Oh yes, at the beginning we talked about what I wanted and needed." People explained they had an identified worker who spoke with them regularly to check they were getting the help they needed and wanted.

We asked staff how they were made aware if people's needs changed. They told us they received a verbal handover at the beginning of their shift. Staff also completed a short form when they noticed a change in someone's needs. This was then passed on to the senior staff team to ensure that new information was passed on to other staff and care plans were updated.

Daily records were completed by staff. We saw these were recorded regularly and were signed and dated and contained information relevant to the person's care plan. We observed staff using these written records to inform the care they gave. For example, checking the care and support the person had received at their last visit to ensure they were offered everything they needed.

Some people's care records did not contain current information. We looked at care files for four people who received personal care from the service. We saw that two care plans had been reviewed when their needs changed and annually. However, we found that two of the care plans had not been updated appropriately. One person had not had a review of their care documented since 2012 and another person had not had significant changes documented which meant their care plan did not reflect their current care needs. We found that staff were aware of people's current needs through handover discussions; however, there was a risk that inexperienced staff might follow the support plan and provide inappropriate or unsafe care. We found the service needed to make improvements in this area. We found the service needed to make improvements in this area. This was because people were not protected against the risks of unsafe or inappropriate care and treatment arising from the lack of proper information about them by means of the maintenance of an accurate record including appropriate information. Regulation 20 (1) (a).

People were supported to maintain good health and have access to health care services. People told us they could talk to staff about their health and that they saw health professionals when they needed to. One person told us: "It is good they all come here: the district nurse comes." The staff monitored people's health and we saw that they assessed what support people needed and acted on this. For example, staff understood why they monitored aspects of care such as what people were drinking and when this needed to be shared. One member of staff commented: "We are the eyes and ears; we know what is going on for people." People's records identified contact with health professionals. For example, we saw records of contact with a GP and a district nurse over changes related to a person's catheter. We saw evidence that reviews were called when health needs changed significantly and during the inspection an ambulance called due to deterioration in someone's health. We spoke with a social care professional who commented that they knew the service would undertake any agreed monitoring.

Staff had the knowledge and skills necessary to carry out their role. Staff told us they felt confident to undertake most aspects of their role because of the training and support they received. One member of staff said: "People's needs are met… there are some really good carers here." People also told us they felt the staff had the skills and knowledge necessary to do their jobs effectively. One person said: "They all seem very good and know what they are doing."

Staff had received training relevant to their roles. All staff had current certificates in training areas such as safeguarding, manual handling and medicines. They also had training specific to their role such as dementia awareness and catheter care. New staff were supported to understand people's care needs through an induction process devised around national training standards. The induction also included a minimum of 16 hours shadowing experienced staff. Whilst staff told us they felt confident they also highlighted that it would be beneficial to undertake more training around mental health needs and substance abuse. Staff also told us they felt able to be effective in their roles because they could rely on senior staff to step in and help if necessary and there was always a senior on call whilst they were working.

There were systems in place to support staff to carry out their roles and responsibilities to a good standard. Staff

Are services effective?

(for example, treatment is effective)

told us they received regular supervision. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. We looked at four staff files and saw they contained a record of people's most recent supervision which showed they included agenda items from the staff member and their supervisor. This meant staff had the opportunity to raise any concerns they might have and identify any training needs.

Are services caring?

Our findings

People had positive caring relationships with staff. We spoke with eight people who told us they were treated with kindness. One person told us: "I'm very happy with what I get here. They really do care."

We observed staff giving care in a gentle and respectful way. We saw they explained what they were doing and expressed interest in the person's welfare throughout their interactions. Throughout the day we also heard staff speaking with people when they passed in the corridor. These conversations always had a friendly unhurried tone. We also received questionnaire responses from 26 people who used the service of those 23 people told us their staff were caring and kind. Twenty two people told us they were happy with the care they received. The staff knew about the people they supported and were able to talk about how the events and features of their lives were important for how they currently lived and received care. For example, they described the careers and family responsibilities that people had experienced.

People's privacy and dignity were respected. One person said: "I think they are very good. They do what you need, check you are ok and encourage you to do it independently." Another person explained that the emphasis was on what they could do for themselves and this meant they felt their dignity and independence were protected and respected. Staff spoke about people with respect and kept their information confidential; only sharing necessary information. Staff promoted respectful relationships between the people living in their own flats at Diamond Court. People were encouraged to share communal spaces and activities that they were interested in. Photographs on the notice board showed people enjoying recent events.

We saw family members visiting throughout the inspection. The registered manager explained that there was a spare flat available in Diamond Court that families and friends could use if they needed to stay.

People we spoke with said they were understood and accepted by the staff. Staff told us that training received around dementia had increased their ability to understand the needs of people they provided care for. One staff member said: "I understand the problems far better now. " However, some staff told us that, whilst they felt able to follow the care plans for people with more complex needs, they felt they lacked the understanding of how mental health difficulties can impact on people's lives. Three staff told us that a small number of people they had recently started to support had mental health difficulties and they said they would like more training around mental health needs. This was reflected in the feedback received from a social care professional who said that sometimes the staff did not fully understand more complex mental health needs. It is important that staff understand the impact of individual mental health needs as this helps them understand and support the person they are providing care to.

People received consistent care that reflected their wishes. People told us the staff did what they needed them to do. One person said: "They do everything that is in my care plan." Another person described the staff as "very attentive". We observed care being delivered as it was described in two people's care plans. We also asked staff about the care needs of two people whose needs had changed recently and their care plans had not yet been updated. They were able to describe their current support needs consistently.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were involved in decisions about their care, treatment and support. For example, one person told us they had discussed which tasks they would concentrate on doing for themselves and which staff would do for them. Another person had made an advanced decision about their care that involved the staff and their family and this had been recorded in their notes. This meant they had agreed what staff would do in certain circumstances. We also spoke with a relative who described how they had been involved in the initial assessment and agreeing the care plan for their family member. They felt they had been listened to and the information they shared had been used. We observed that staff checked with people and sought permission before undertaking tasks in their flats.

People received care that reflected their needs and changed as their needs changed. People explained to us that they had a key worker who talked with them about the care they received and made changes if necessary. We saw the name of each person's key worker was clearly identified in their care notes folder. We spoke with staff about the care that four people received and they described this care consistently.

People received care at times that suited them. People told us they worked out times for visits with staff "within reason". People told us they understood why delays happened. One person told us: "If someone needs an ambulance they will wait with them. That is only right. I don't mind waiting." However, two people said they weren't told when their time was changed, especially in the morning. We spoke with the manager about this and they told us that staff always try and let people know if they will be late. There was a speaker in each flat that messages could be announced through. We noted that call bells were answered quickly throughout our inspection.

People's concerns and complaints were acknowledged and responded to. People told us their concerns were taken seriously and they were confident they would be heard. One person said: "I would tell Kate (registered manager) without worrying. They wouldn't foo foo you." Another person said they go to a member of senior staff with any changes they wanted. They told us this member of staff always "sorts things…makes things happen".

People knew how to make a complaint as it was in the information people received from the service. We saw that the service had not received any complaints relating to personal care since the last inspection conducted in July 2013. We saw that previous complaints had been dealt with satisfactorily and had been responded to in line with the organisation's policy. The majority of the people who responded to our questionnaire said they knew how to make a complaint and believed they would get a positive response if they did so.

People used communal spaces for activities and socialising. Activities were arranged that reflected the interests of people with ideas gathered at residents meetings. One person told us they especially enjoyed the quiz; another person said they sometimes played cards. We saw that people met their friends and spent time in the restaurant. Some of the activities chosen by the people who used the service involved outside groups. For example a wildlife group had visited with animals and a local school had visited.

Are services well-led?

Our findings

Staff told us they felt able to raise concerns and question decisions with senior staff. One member of staff said: "I find them supportive. They understand my job so I can bring up concerns." Another told us it: "..feels ok to share a mistake" and went on to explain: "It's about learning. They are supportive." This demonstrated that the management were open and enabled staff to develop by identifying learning opportunities.

We saw the registered manager had systems in place to ensure staff were kept up to date with policies and refreshed their knowledge regularly. For example, they had established a 'policy of the month' system. This involved making a policy available for all staff to read throughout the month. At the time of the inspection the policy was food hygiene. We saw staff had signed and dated that they had read it. As a result of conversations during our inspection the registered manager changed the policy of the month to the organisation's Mental Capacity Act guidelines. They also scheduled a training session to further develop staff knowledge of the legislation.

Staff told us they were part of a team that worked well. One member of staff said: "There is a really good work ethic here. Everyone gets on. I feel that we know what we are doing." Staff understood what the registered manager wanted from them and there was shared understanding of the purpose of the service. One member of staff described the senior team as "very fair and friendly, I know where the line is".

The staff and registered manager shared an understanding of the service they aimed to provide and the challenges they faced in doing so. In discussions with staff in a variety of roles, the same issues were identified as risks and challenges within extra care housing. For example, staff described the changing needs of people referred to the service and the risks of social isolation people may face. The systems in the service supported this shared understanding because information and discussions were shared throughout the team. For example, we saw that the senior staff meeting happened on the same day as the whole team meeting. Agenda items were followed through appropriately either to the whole team meeting or to individual staff supervisions. Staff all received regular supervision sessions and observations of their practice undertaken by more senior staff. We saw these recorded in their files.

People told us the senior team were approachable, although one person said they were not sure they would recognise the manager. They did acknowledge that the staff were supported by the senior team saying: "They have picked good staff." We saw that all quality assurance reports about the service were shared with people at tenants meetings. This meant people were aware of issues and developments related to the management of the building and service and were able to have their say on them.

Quality assurance systems were partially effective in improving areas of the service although some concerns found during this inspection had not been identified by audits. We saw that an internal quality assurance audit had taken place in March 2014 and the actions identified had all been addressed. For example training on dementia had been identified as needed for staff and this had been delivered. However the weekly audits of the medicines administration record sheets undertaken by senior staff had not picked up the time issue described in this report. The registered manager made immediate changes to this audit process adding the daily visit records so that any timing issues would be identified.

At the time of the inspection there were enough staff to meet people's needs. From our observations we saw staff seemed busy, but well organised and motivated and as a result they were available to support people as required. The number of staff was maintained at safe levels because it was monitored by senior staff. Senior staff told us they were available to undertake care if they became short staffed. This was confirmed by a member of staff who told us: "If we go short then they help… so we can give people the time to chat. It's their time."

We looked at four staff files and saw appropriate checks had been made prior to their employment and they had received an induction that met with a nationally recognised framework of standards. Staff had appropriate knowledge and skills to provide care however, the registered manager had identified that they needed training around the Mental Capacity Act 2005 in the information they sent CQC prior to

Are services well-led?

the inspection and they had an action plan in place for this. At the time of the inspection three senior staff were undertaking a 12 week long course in the Mental Capacity Act 2005.

We found that one notifiable incident had not been reported to the CQC since the last inspection. Registered managers have a statutory duty to notify the CQC of circumstances and events that might have an impact on the care they are providing. We discussed this with the registered manager who acknowledged the omission and explained the circumstances satisfactorily. This was an isolated circumstance and they told us they would complete the appropriate statutory notification.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	People were not protected against the risks of unsafe or inappropriate care and treatment arising from the lack of proper information about them by means of the maintenance of an accurate record including appropriate information. Regulation 20 (1) (a).