

Housing & Care 21

Housing & Care 21 - Lea Springs

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 was completed on 5 December 2018 and was unannounced.

Lea Springs is an extra care development offering independent living to people in individual apartments. There are 38 apartments some of which are privately owned. People have access to a range of communal facilities and care and support is available to people 24/7 from a care team on site. A housing and care manager is on site also to provide support and assistance with organising care, repairs and maintenance requirements.

Not everyone using received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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.

People felt safe receiving care and support from staff. Staff had received training and demonstrated a good understanding about how to keep people safe and knew how to report any concerns.

Safe recruitment practices were followed. However, records were difficult to navigate and inconsistent. People were supported by adequate numbers of staff with the right skills and abilities.

Medicines were managed safely, and appropriate infection control practices were in place.

People felt staff were well trained. Staff felt well supported and received ongoing training in a range of topics relevant to their roles. They had regular supervisions, work based observations and spot checks.

People were supported to maintain a varied and healthy diet and where necessary and were supported to access health care professionals.

Staff understood the Mental Capacity Act and obtained people's consent prior to any care being provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People felt staff were kind and caring and treated them with respect. People's dignity was maintained throughout their support and they were encouraged to be as independent as possible.

Care plans were personalised and detailed. Information included people's individual needs, likes, dislikes and preferences. Care plans were regularly reviewed and updated when required and people and or their family where appropriate were involved.

Feedback on the service was sought from people through completion of surveys and spot checks. Any concerns or complaints received were recorded and investigated by the registered manager and any learning from these was shared with the staff to help drive improvements.

There were quality assurance systems in place to monitor the service. However, these were not always effective in identifying inconsistencies in records. People were very positive about the service and staff. The registered manager operated an open, transparent and inclusive culture at the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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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. We planned this inspection 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.

This comprehensive inspection took on 5 December 2018 and was carried out by one inspector and an assistant inspector.

Prior to the inspection we looked at information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who lived at Lea Springs and one relative. We also spoke with the registered manager, the deputy manager, and two care staff. We reviewed a range of documents which included care records for three people, recruitments records for three staff and training records. We reviewed quality assurance documents, activities and medicine administration records.

Is the service safe?

Our findings

People continued to receive a safe service.

People told us they felt safe living at Lea Springs. One person told us when asked if they felt safe, "Yes". They went on to tell us about their reluctance to move to the service when their previous home was closed as they were worried about how people were treated in homes after watching a documentary on TV. Another person told us, "I have preferences for some staff over others but nobody makes me feel unsafe."

Staff records confirmed staff had received appropriate training. Staff demonstrated a good understanding of how to safeguard people, recognise signs of harm and what to do if they had concerns. They had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One staff member told us, "I would report it straight away to [Name of registered manager]" and gave an example of unexplained bruising.

The registered manager was aware of their responsibilities in relation to safeguarding, and the associated records confirmed they investigated concerns appropriately and had made relevant referrals to the local authority, where required.

Risks to people's safety and well-being had been assessed and managed appropriately. A range of detailed risk assessments were in place which gave staff guidance on how to manage people's care safely. These included environmental risk assessments and moving and handling people. The risk assessments provided information about the risk, and what measures were in place to reduce the risk of harm. We saw that risk assessments had been reviewed and updated regularly and took account of people's changing needs.

Safe recruitment processes had been followed to help ensure staff were suitable to work in this type of service. We reviewed the recruitment files for three staff and we found all the relevant pre-employment checks had been completed which included a Disclosure and Barring Service (DBS) reports for staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

However, records were difficult to navigate and to locate current documents due to historic and duplicate data being kept. For example, we found in one file three application forms for one person who had transferred from a different service but the same employer. This meant that these records were inconsistent as they all contained different information. The registered manager agreed they would archive historic information which was no longer relevant. Adequate staff were deployed to meet people's needs in a timely way.

People were supported to take their medicines regularly. All medicines were kept in people's individual's homes. Staff had been trained and had their competency to safely administer medicines checked. We reviewed two medicines administration records and noted there were some gaps. The deputy manager confirmed the gaps in recording had been identified during auditing and were being investigated. This demonstrated that audits were effective in identifying gaps, and any learning shared with staff. We saw that

staff medicine administration practice observations were completed monthly for staff.

Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves, aprons and hand sanitiser. Staff had access to the provider's infection control policy for guidance.

Is the service effective?

Our findings

People continued to receive an effective service.

People told us that the service was effective in meeting their needs and felt that staff had the necessary skills to provide them with effective care and support. One person told us, "The staff do ask for our consent to care, they ask me questions and they write things down. The staff are very good here, if you want them they're there for you." Another person told us, "The staff are all very good at their job, they are such a lovely team." A third person told us, "[Registered manager] runs a good service. I think they are all well trained."

Staff completed an induction when they commenced employment with the service which included mandatory training in a range of topics and a period of shadowing experienced team members. Following completion of the induction they had their competencies observed. One staff member told us, "I have done 'manual handling, fire safety, safeguarding and first aid. We get a reminder when our training is due.'" Records confirmed when training had been completed and when refresher or updates were required. This helped ensure staff had the correct skills to do their jobs correctly.

Staff received the support they needed to undertake their role. This included attendance at team meetings and individual supervision at regular intervals and told us that they had regular contact with senior staff. One member of staff told us, "I don't think the support could be any better. We get regular one to ones and can ask for support at any time. The management team are really supportive."

People we spoke with told us they were supported to make their own decisions and confirmed that staff would always ask them for consent before they provided them with care or support. One person said, "It's my home here and they [staff] respect that."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that staff were aware of the MCA requirements and how it related to their work.

People where required were assisted with meal planning and preparation. People's weights were monitored to help ensure they remained healthy. Food and hydration was monitored, and where required people were supported with eating and drinking. There was a restaurant on site and people told us they enjoyed the socialising aspect.

People were supported to access a range of healthcare professionals. One person told us, "Staff can always call the GP for you but I'm generally healthy and can make my own appointments." Another person told us, "It is reassuring to know the staff are available to support you if you are feeling unwell and need a hand." All members of staff we spoke with told us that they would report any concerns about people's health and ensure they received appropriate support and intervention.

Is the service caring?

Our findings

People continued to receive a caring service.

People spoke positively about the staff and management at the service. They told us that staff were kind, helpful and went out of their way to help people and improve people's quality of lives. One person said, "[Name] does the caring bit and she's very good at it. She's very kind." Another person told us, "They really are wonderful. Everyone is so friendly; they always stop and speak to you. I don't think you could ask for more."

People had developed positive and meaningful relationships with other people living in the scheme and with staff members, and these relationships were apparent from the warmth in the interactions we observed throughout our inspection. A staff member told us, "It's so nice. We all get on like a family and I'm happy here. I miss the people when I am not at work."

Staff felt motivated and valued about working at the service and the positive relationships that they had developed with people. One member of staff told us, "I really enjoy coming to work here. It's such a nice atmosphere between everyone." Another member of staff said, "The relationships here are what makes it. Between the staff and the people. It's a real community, with such a homely and inclusive atmosphere."

The staff we spoke with were able to describe in detail the care needs of the people they supported and knew how they preferred their care to be provided. Care plans contained information in relation to people's life histories and backgrounds and staff used this information effectively to help build positive relationships with people.

People told us that staff were respectful and treated them with dignity and respected their privacy. One person told us, "The staff always knock on the door, they would not just walk in. It's very friendly here but respectful. It's my home and the care and treatment I receive from everyone is always dignified."

People confirmed that they had been involved in developing the care plans. One person told us, "Everything was discussed with me when I came to live at the service. What I needed and when." People told us they were offered a choice about the preferred gender of staff. They were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes.

Care plans were regularly reviewed and updated whenever there was a change in people's needs or abilities. The registered manager told us that if a person went into hospital they would always reassess their needs prior to them returning home. The care plans we reviewed had evidence of people's involvement in the assessment and planning of their care and signatures of people to confirm that they agreed with the content.

Is the service responsive?

Our findings

People continued to receive a responsive service.

People received a personalised service, tailored to their individual needs and preferences. They confirmed that they were involved in planning their care. One person told us, "They [managers] ask me all the time if everything is ok, with my support. They have encouraged me to do more for myself. I have started doing small amounts of cooking which I am really enjoying."

Staff were knowledgeable about people they supported. During our conversations staff demonstrated they knew people well and were aware of their hobbies and interests, family backgrounds as well as their health and support needs. One member of staff told us, "The care plans are very detailed so you know who you are caring for really well."

Staff were kept informed of changes in people's needs at handovers, during team meetings or by reading updated care plans. Staff confirmed there was always a senior member of staff available to support them and they worked cohesively as a team. The registered manager told us, "We operate a fully flexible service and recognise people's plans change. We always tried to respond to any requests for changes to support calls such as an earlier or later visit."

People spoke very positively about all the activities and social events arranged by the management team. One person told us, "We are doing a Christmas pantomime and [Name of registered manager] is in it." Another person told us, "We have fish and chips every week. The [registered] manager orders it and goes and collects it for us and we eat it in the restaurant, all organised by the management team. In the beginning there were only a few of us and now nearly everyone attends. It has become a really enjoyable social event."

The deputy manager told us about the various activities they had planned leading up to Christmas. One person told us, "I really enjoyed making Christmas cards last week." Another told us, "We have got a party arranged and will be doing carol singing as well."

People who used the service were aware of the complaints procedure and who to contact in the event of them having concerns. One person told us, "I have no complaints but know I can speak to the staff, or manager and they will address any issues."

Another person told us, "I feel listened to, we get opportunities to talk to [Name of registered manager]." A copy of the complaints procedure was also issued in the information pack when a person began using the service. The complaints procedure was displayed in the office and on the communal notice board. People were encouraged to share their views on how the service operated. It was clear from our observation that people were very much at the hub of the service.

People were also asked about their views on the service via an annual survey. Any feedback from people was considered and reviewed and where possible and practicable changes were made. The management team

and staff were committed to making continual improvements.

Is the service well-led?

Our findings

The service continued to be well led.

Some of the information requested during the inspection was either not available or required development to ensure the quality of record keeping was maintained, along with consistency. The registered manager provided us with the information following the visit to the service and confirmed how they intended to maintain the records and sustain the improvements made. Although this did not impact on people the service supported, it was never the less important that records were consistently maintained and available for inspection when required.

There was a registered manager in post at the time of this inspection. People spoke positively about the registered manager and the way the service operated. People knew who the registered manager was and confirmed that they were visible and available at the service. One person told us, "[Registered manager] has really made some good changes and the scheme is definitely more vibrant." Another person told us, "We see her often and we always have a chat."

Staff also felt that since the registered manager had joined the service there was positive leadership in place. One member of staff told us, "[Registered manager] is very supportive and takes the time to listen to other people's views." Another staff member told us, "[Registered manager] is very supportive and wants the best for all of us, the people and her staff team."

None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the registered manager. We found staff to be motivated and committed to providing the best possible care.

The registered manager was available throughout our inspection and clearly demonstrated their passion for the people using the service and staff. They operated an open and transparent culture and were receptive to feedback we gave them demonstrating an appetite to make continual improvements.

The registered manager worked in partnership with health and social care professionals such as the GP, district nurses and other professionals who were involved in people's care to ensure that people received holistic joined up care and support which took account of all their needs.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

There were effective quality assurance systems and processes in place to monitor the quality of the service. Senior staff undertook spot checks to review the quality of the service provided and these were completed regularly for all staff. This included the review of medicine administration records (MAR) and daily visit records. Where gaps were found in records or errors noted, an explanation was provided.

