

Housing & Care 21







Housing & Care 21 - Richmond Upon Thames

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	

Overall summary

This was an announced inspection that took place on 27 and 28 January 2015.

The agency provides short term domiciliary re-enablement care contracted by the local authority. It

also provides longer term personal care. Re-enablement is the process whereby people are supported to regain the skills to live independently. There were 83 people receiving a service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In April 2013, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

People told us they were very happy with the service provided. The designated tasks were carried out to their satisfaction, they felt safe and the staff team and organisation really cared. The service provided was safe, effective, caring, responsive and well led.

The records were kept up to date and covered all aspects of the care and support people received their choices and identified and met their needs. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

The staff we spoke with were knowledgeable about the people they supported, the way they liked to be

supported and worked well as a team. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual.

People and their relatives were encouraged to discuss health and other needs with staff and had agreed information passed on to GP's and other community based health professionals, as required.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People were positive about the choice and quality of the service provided.

The staff were well trained, knowledgeable, professional and accessible to people using the service and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work at Housing and Care 21 Richmond. They had access to good training, support and there were opportunities for career advancement.

People said the management team and organisation were approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

Summary of findings

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 was safe.

People said that they felt safe and staff had their best interests at heart.

There were effective safeguarding procedures that staff had been trained to use and understood.

The agency had enough well trained staff and the team to meet people's needs.

People were supported to take medication in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good



Is the service effective?

The service was effective.

People's support needs were assessed and agreed with them and their relatives.

People's needs were identified and matched to the staff's skills. They had access to other community based health services that were regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The service had appropriate knowledge of and policies and procedures regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They inputted into these processes as appropriate to their role. Training was provided for staff.

Good



Is the service caring?

The service was caring.

Staff provided support in a friendly, kind, professional, caring and considerate manner. They were patient, attentive and gave encouragement when supporting people.

People's opinions, preferences and choices were sought and acted upon.

People's privacy and dignity were respected and promoted by staff.

Good



Is the service responsive?

The service was responsive.

People received appropriate care and support based on their agreed needs. Their care plans identified the support they needed and records confirmed they received it.

People told us that any concerns raised with the agency were discussed and addressed as a matter of urgency.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The service had a positive, pro-active and enabling culture that was focussed on people as individuals. This was at all levels of seniority within the branch. People knew who the manager, staff and organisation were.

The management team enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

Staff said they were well supported by the manager and organisation in general. The training provided was good and advancement opportunities available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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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 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 an announced inspection and took place on 27 and 28 January 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by an inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During the inspection, we spoke with eight people using the service, six staff who provided direct care, three senior staff and the registered manager.

During our visit we looked at copies of four care plans that were kept in the office as well as on site. Information included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance.

We looked at the personal care and support plans for eight people using the service.

Is the service safe?

Our findings

People said they thought the service was safe. One person told us, "Yes I feel safe." Another person said, "They are very good, I think they are excellent."

The agency had policies and procedures that enabled staff to protect people from abuse and harm. This included assessing risk to people. Three staff said they had received induction and refresher training in abuse and harm recognition. They had a full understanding of what constituted abuse and the action they would take if they encountered it. Their response was in line with the provider's policies and procedures.

People's consent to the service provided was recorded in the care plans.

Staff gave the same quality of service and as much time as people required to have their needs met. They also treated people from different social, religious or cultural backgrounds equally.

There was no current safeguarding activity. Previous safeguarding alerts were suitably reported, investigated and recorded. Staff were aware of how to raise a safeguarding alert and the circumstances under which this should happen. They had received appropriate training. Safeguarding information was provided in the staff handbook.

There was a thorough staff recruitment process that records demonstrated was followed. It included service specific scenario based questions about how to meet people's needs as well as protecting them. The staff rota met people's needs flexibly and safely during our visit.

There was a staff handbook that contained the organisation's disciplinary policies and procedures. The home's staff had been criminal record checked.

People's care plans contained risk assessments that enabled the people to take acceptable risks and enjoy their lives safely. The risk assessments included communication difficulties, sensory impairment, sense of danger and handling money. There were also health related risk assessments for areas such as falls and choking.

The risks assessments were monitored, reviewed and adjusted as needed. They were contributed to by people, their relatives and staff. Staff encouraged input from people whenever possible.

The staff said they shared information within the team regarding risks to individuals. There were also accident and incident records kept. They told us they knew their clients well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove discomfort.

Is the service effective?

Our findings

People told us they made decisions about their care, when they wanted it and who would provide it. We were told that staff were aware of people's needs and met them in a skilled, patient and relaxed way that people enjoyed. They said the type of care and support provided by staff was what they needed. One person told us, "I demand to be independent and don't expect carers to do anything unless asked." Another person said, "This is a very good service, all the carers were respectful and always very helpful."

The agency provided de-escalation and lone working training that staff said they had undertaken and understood.

The agency worked closely with the local authority re-enablement and hospital discharge teams.

Staff were well trained and received induction and annual mandatory training. The induction was comprehensive; person focussed and required tasks to be completed before the induction was signed off. The training matrix identified when mandatory training was due. Training included re-enablement, infection control, lone working, medicine, food hygiene and equality and diversity. Re-enablement was supporting people to re-establish the skills they needed to live independently within the community. Local authority training courses provided some of the training.

Quarterly staff meetings, supervision and appraisals provided an opportunity to identify group and individual training needs. There were staff training and development plans.

The care plans included sections for health, nutrition and diet. The local authority provided food and drink dietary evaluation sheets and nutritional assessments were updated regularly. Where appropriate staff monitored what and how much people had to eat with them, as part of the re-enablement programme. Staff advised and supported people to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's GP. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services.

Appropriate staff had received training that included The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so that they were aware of the processes. The local authority assessed people's needs that included capacity to make decisions and provided best interest meetings as required. The agency referred people to the local authority if concerns were raised. Due to the short term nature of the re-enablement service, people who did not have capacity would not meet the criteria to receive it.

The agency provided de-escalation and lone working training that staff said they had undertaken and understood.

The agency worked closely with the local authority re-enablement and hospital discharge teams.

Is the service caring?

Our findings

People and their relatives told us that they were treated with dignity and respect by staff. They listened to what people said and valued their opinions. They provided support in a friendly and helpful way. One person we spoke to told us, “They are very good generally; one carer uses public transport and so is at the mercy of buses being on time. But they always turn up.” Another person said, “I enjoy the company of the carers”. Someone else said, “All my carers were a lovely band of women.”

They said enough information was provided by the agency and local authority about the service provided. This was contained in information folders that outlined what they could expect from the agency, way the support would be provided and the agency expectations of them.

The philosophy of the service was that people made their own decisions regarding the support they required and when they needed it.

People told us there was frequent telephone communication with the office and they completed an annual questionnaire.

The staff training matrix recorded that staff received training about respecting people’s rights, dignity and treating them with respect. People said this was reflected in the caring, compassionate and respectful support staff provided. Staff confirmed they had received this training.

People and their relatives confirmed that they were aware there was an advocacy service available through the local authority.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook.

Is the service responsive?

Our findings

People and their relatives said that they were asked for their views by the agency and local authority. Staff enabled them to decide things for themselves, listened to them and if required action was taken.

People using the service were fully consulted and involved in the decision-making process before the agency provided a service. Staff told us about the importance of capturing the views of people using the service and their relatives so that the support could be focussed on the individual's needs.

Staff enabled them to re-establish the skills they required to live independently, on a one to one basis. Needs were met and support provided promptly and appropriately. One person said, "Reminiscing and chatting about the past has been a vital and important part of my recovery. The support workers have given me the time and patience to share it. Good, positive conversations have lifted my spirits and the service has been highly satisfactory." Another said, "Sad the service has ended." There were enough staff provided to meet peoples' needs, in an appropriate and timely way. If there was a problem, it was resolved quickly.

The local authority re-enablement teams arranged short-term care packages. They carried out an initial assessment, provided a care plan and commissioned the service from the agency. Once the agency had received the care plan, a senior carer would carry out the first visit.

During this visit they would do the tasks identified in the care plan to make sure they met the person's needs and carry out an assessment including risks. This was discussed with the person as the tasks were being performed. If there were inconsistencies, these were referred back to the re-enablement team for review. The same process took place for the longer term private care packages without the involvement of the re-enablement team. The agency carried out an assessment and agreed what was required direct with the person using the service.

People's personal information including race, religion, disability and beliefs were clearly identified in their care

plans. This information enabled care workers to understand people's needs, their preferences, choices and respect them. The information gave staff the means to provide the care and support needed.

Staff were matched to the people they supported according to their skills and the person's needs. Most people who received a longer term service did so having firstly used the re-enablement service and then decided to continue with the agency privately.

The agency documented the reduction in re-enablement services provided when people became more independent and able to carry out tasks for themselves. They also monitored and reviewed

the private care packages six monthly. This was recorded in people's files, reviews and continuously updated. Feedback was requested at the end of re-enablement programmes and there were annual satisfaction questionnaires for people receiving a longer term service.

The re-enablement care plans were constantly reviewed throughout the six week term. In the longer term packages people's needs were regularly reviewed, re-assessed with them and their relatives and care plans changed to meet their needs. The plans were individualised and person focused.

People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. People using the re-enablement service also had access to the local authority complaints process.

Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

Is the service well-led?

Our findings

People told us that they felt comfortable speaking with the manager, staff and agency and were happy to approach them if they had any concerns. One person told us, “Very impressed with the 24 hour people who answer problems, no robot answering service.” Another person said, “People in the agency are very accessible”.

During our visit to the office there was an open culture with staff and the manager exchanging ideas and information. Staff were also attentive, friendly and helpful when people rang up on the telephone. They listened to people’s views and acted upon them.

The agency’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. There was a culture of supportive, clear, honest and enabling leadership. Staff told us the support they received from the manager and organisation was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration.

There was a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. A staff member told us, “We get all the support we need.” There was a clear career development pathway and senior staff had been promoted internally. A staff member said, “I started as a carer and am now a senior care co-ordinator”.

There were regular minuted staff meetings that enabled people to voice their opinion and swap knowledge and information. The records demonstrated that regular quarterly staff supervision and annual appraisals took place with input from people who use the service. This was to help identify if the staff member was person centred in their work. One of the quarterly supervisions per year took place on site with the person's permission. Records showed that spot checks took place.

There was a policy and procedure in place to inform other services of relevant information should other services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

There was a robust quality assurance system that contained performance indicators that identified how the agency performed, areas that required improvement and areas where the agency performed well.

The agency used a range of areas to identify service quality. These included audits of, people’s and staff files, care plans, risk assessments, infection control and medicine recording.