Housing & Care 21

Housing & Care 21 - Holm Court

Inspection report

Wainwright Way
Kesgrave
Ipswich
IP5 2XU
Tel: 03701924045
Website: www.housing21.co.uk

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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

The inspection took place on the 31 March and 1 April 2015. This was an announced inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service.

Housing & Care 21 - Holm Court is providing personal care to people living in very sheltered accommodation [Holm Court] and the local community. When we inspected on 31 March and 1 April 2015, the service was providing care and support to 33 people in Holm Court, some of these people are living with dementia, and to six people living in the community.

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 2008 and associated Regulations about how the service is run.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

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.

Care workers understood how to recognise abuse or potential abuse and how to respond and report these concerns.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Good

Is the service effective?
The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Where required, people were supported to maintain a healthy and balanced diet.

Good

Is the service caring?
The service was caring.

People's privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good

Housing & Care 21 - Holm Court

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.

This inspection took place over two days, 31 March and 1 April 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by two inspectors.

We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 13 people who used the service and the relatives of two people. We looked at records in relation to six people's care. We also spoke with stakeholders who have regular contact with the people using the service. This included catering staff and hairdresser. We observed the interaction between people and care workers.

We spoke with the registered manager and seven staff which included the services team leader, services co-coordinator, senior support workers and care workers. We sat in on the staff 'handover' and observed a lunch time care visit. We also looked at records relating to the management of the service, care worker recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. People we spoke with told us that they felt safe. One person said that they felt reassured knowing that care workers were around to support them in an emergency, "I feel very secure here…it's not like living on my own." They told us that when they used the emergency call system, "You hear a voice speaking to you [through the intercom system] asking if you need help and they come to you." Another person said, "Staff are so nice to me, always have been," and they felt comfortable to approach any of the staff if they had worries affecting their welfare and safety.

People attending meetings in the very sheltered housing complex, were regularly given advice about maintaining their safety. This included reminding people not to admit strangers to the building without checking their identity, or asking care workers to do it for them.

People had access to the provider's policy on 'anti-social behaviour, nuisance and harassment' which provided them with information on who to talk to if they felt it was happening to them. The, 'Adults are abused,' poster also provided people with information on external agencies to contact if they had concerns that they or someone they knew may be at risk.

Care workers told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. They understood their roles and responsibilities regarding safeguarding to ensure people they supported felt safe. This included knowing how to recognise the different types of abuse and how to report concerns. Senior staff told us about safeguarding concerns they had raised when they had been concerned about a person's safety, following feedback from care workers. This told us that action had been taken to report concerns to the appropriate people who were responsible for investigating safeguarding concerns.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise risks, whilst supporting people to maintain their independence. These included risk assessments associated with moving and handling, medicines administration and cooking. For example for people with sight problems, by care workers putting the oven on at the correct temperature, the person was able to safely cook their meal. It also demonstrated how care workers took into account people's diverse needs, when supporting them to maintain their independence.

People were involved in the planning of the risk assessments. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs. Risk assessments were also in place for the premises, including fire risk assessments.

Fire safety in the service was regularly checked to reduce the risks to people. People were reminded in meetings about what to do if a fire occurred, 'to stay in behind the fire doors in their flat until they were notified that it was safe to leave.' By including reminders during meetings, it helped support people to remember what action to take to ensure their safety.

There were sufficient numbers of care workers to meet the needs of people. People told us that the care workers visited them at the planned times and that they stayed for the agreed amount of time. One person told us, "Say they [staff] are coming to see you, they are normally knocking," at the door at that time. To support people living with dementia, or receiving end of life care, a flexible approach to visits was used so care workers checked on them throughout the day. This was confirmed in records which showed that welfare checks were undertaken on people.

One person commented that sometimes care workers could get delayed, but was not worried about it, "If a bit late so what, some people need extra time." The registered manager and care workers told us that they felt that there were sufficient numbers of care workers to meet people's needs. The registered manager told us about how the service was staffed on each shift and that the staffing levels were always under review to make sure that people got the support they needed. This included staying with a person until they were safe to be left, if they became unwell or needed medical support. A care worker told us where people received a short visit, it was to monitor their welfare, for example make a cup of tea, "There is still plenty of time to have a chat." We saw the care worker rota and entries in people's care records which confirmed what we had been told.

People were protected by the service's recruitment procedures which checked that care workers were of good

Good

Is the service safe?

character and were able to care for the people who used the service. Recruitment records showed that the appropriate checks were made before care workers were allowed to work in the service. This was confirmed by care workers who were spoken with.

People who needed support with their medicines told us that they were happy with the arrangements. One person said that care workers visited, "A couple of times a day," and supported them to take their medicines. Another person remarked that care workers, "Help me with my pills, never missed." Discussions identified the different level of support people received from care workers, from checking with the person they had taken their medicines, to providing full support. This included ordering, keeping it secure in the person's flat and assisting / monitoring to ensure they have taken it as prescribed.

Care workers told us that they had been provided with training in medicines management and felt that people were provided with their medicines when they needed them and safely. People's records provided guidance to care workers on the support people required with their medicines. Records showed that, where people required support, they were provided with their medicines when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. To ensure the service's medicines procedures and processes were safe and effective, regular checks were carried out to monitor staff's practice. The provider took action to ensure any identified shortfalls were addressed promptly through further training and supervision.

Good

Is the service effective?

Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person told that care workers went, "On training days," to keep their skills and knowledge updated. Another person said that, "Carers do a grand job…not one of them that doesn't do their job properly."

Care workers told us that they were provided with the training that they needed to meet people's needs. They also told us how they were being supported with their care qualification. A care worker felt the induction and support system in place was good and had supported them to carry out their role effectively. It included attending training days to learn the key skills required to support people and shadowing an experienced care worker. They also had their work observed to ensure that they were putting their learning into practice.

The provider had systems to make sure that care workers had the skills and qualifications to meet people's needs. A care worker told us that they had their knowledge and skills, "Updated all the time," through attendance at training sessions.

Staff meetings were used to update care worker's knowledge of the provider's policies and procedures. The minutes of meetings showed recent policies reviewed and discussed included Bullying and Harassment and Dress Code. Carer workers told us by the inclusion of the 'Policy of the month' supported them in revisiting the guidance given, and to check that they were following it. They told us by using scenarios of events that had happened in the service, it helped to relate the policies to practice. One care worker told us by care workers sharing their experiences on how they had dealt with different incidences, which others may not have come across, supported their learning. This meant if they came across the situation themselves, they would know what to do.

Care workers told us that they felt supported in their role and were provided with one to one supervision meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. A care worker told us, "Lets you know the pros and cons, normally praising, provides a chance to say anything." This told us that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that the care workers asked for their consent before they provided any care and support. One person told us that when they started using the service, they had signed lots of consent forms. This included giving consent to when care workers could enter their flat and the disclosure of their key safe number in an emergency.

We saw that the care workers asked people for their consent before providing any support. This included supporting one person with their meal, and another with their medicines. Care records identified people's capacity to make decisions and they were signed by the individual to show what they had consented to their planned care.

Care workers had attended, or were booked to attend training in the Mental Capacity Act (MCA) 2005. The registered manager and care workers spoken with understood their responsibilities under MCA and what this meant in the ways that they cared for people. This was further demonstrated by the examples given where care worker's working knowledge of the MCA had been used to support individual people using the service.

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. One person told us how this linked to their medical condition, "Staff come and check I have eaten," because they knew the person would become ill if they had forgotten. Another person told us how staff supported them with their specialist dietary needs. This included liaising with the external caterers providing a meal service.

People told us about the 'Saturday café' run by care workers, where everyone was involved in preparing a cooked meal, which they then sat down and ate together. The registered manager told us beside the social element, being involved in preparing and cooking the meal, helped stimulate people's appetite. One person told us they, "Enjoyed the meals."

Care workers during their handover discussed the extra support and monitoring systems they had put in place where they had observed people were not eating and

Good

Is the service effective?

drinking enough. People's records identified their requirements regarding their nutrition and hydration and the actions that care workers should take if they were concerned that a person was at risk of not eating or drinking enough. Where concerns were identified with people's diet, referrals had been made to the person's doctor and/or dietician. Outcomes and guidance were recorded in people's records which showed that people were supported in a consistent way which met their needs.

People were supported to maintain good health and have access to healthcare services. People told us that the care workers supported them to call out health professionals, such as their doctor. One person commented that care workers were, "Very good," at calling their doctor out on their behalf. Another told us the support they had been given to ensure they were ready for their hospital appointment so they didn't miss it. Whilst waiting we saw that care workers checked to see if they wanted a drink, "Can't complain when they bring you a cup of tea and a biscuit."

Care workers understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns were identified, health professionals were contacted with the consent of people. Care workers offered to stay with people during a doctor's visit so they could provide support and if required. For people living with dementia, if required, provide information about their health and welfare to support the doctor's diagnosis.

When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner. During handover, care workers provided information any input from health and social care professionals that they needed to be aware of, to support them in providing effective care and support.

Good

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person described the care workers as being very helpful, "They are lovely, nothing is too much trouble." Another person said, "Staff are ever so caring and friendly, we get on well."

Care workers understood why it was important to interact with people in a caring manner and how they respected people's privacy and dignity. People told us that care workers addressed them by their preferred name. A visitor told us, "Staff are brilliant…it is excellent here there is no gossip, staff are very professional."

All the care workers we spoke with knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. Several conversations identified the 'extra' they put into their role to support people in their own time. This including arranging social events to support people within the community to mix and reduce the risk of social isolation. Our discussions with care workers reflected what one person told us, that when they had asked a care worker why they worked in the care sector, "As I know it's not well paid in the care sector, they told me I get more satisfaction doing this job."

Care workers told us that people's care plans provided enough information to enable them to know what people's needs were and how they were to be met. People's care records identified their specific needs and how they were to be met in a personalised way including individual preferences.

People were supported to express their views and were involved in the care and support they were provided with. People told us that they felt that the care workers listened to what they said and acted upon their comments. During people's review of care we saw the provider had asked if their care worker was helpful, approachable and if they felt comfortable being with them. One person had replied, "Yes generally I get on with all of them and can talk to them."

Where people lived with their partner, they also confirmed that they were treated with respect and able to express their views. One person said, "I just tell them [staff] if there needs to be any changes," made to the care and support plan. They provided examples where they had discussed changes with care workers, and by working together, had supported the person's wellbeing.

People's independence was promoted. One person told us how they were being supported to, "Make one achievement a day," towards their goal of becoming more independent, "I made breakfast today." People's records provided guidance to care workers on the areas of care that they could do independently and how this should be promoted and respected. For example where a person required topical application of medicines applied, staff were instructed to show the person, 'how much to apply and where to apply this will enable [person] to maintain some independence.'

People's privacy and dignity were respected and promoted. One person said when they started using the service, care workers had checked to see if they had any preference to the gender of the care worker supporting them with their shower. They said that they had not been worried, but it had been, "Very nice," to have been asked, as it had shown that they had taken this into consideration. People told us about the different access arrangements to their flats they had in place. This ranged from ringing the door and waiting for the person to open it, to care workers letting themselves into their flat and calling out to confirm it was alright to come in. Which we observed happen.

Care workers told us how they respected people's dignity and privacy, including when supporting people with their personal care needs, and understood why this was important. They further demonstrated their understanding by providing working examples of how they were doing this, linked to people's individual care routines.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. A visitor described care workers as being, "Very responsive," in picking up on any problems people were having with their health and welfare and dealing with it. People told us that they were involved in decision making about their care and support needs and that their needs were met. People's records and discussions with care workers confirmed that people were involved in decision making about their care. One person told us that their care worker was, "There when you need them, otherwise I just carry on living, doing what I want to do." This told us that the service was responsive to people's needs without taking people's independence away.

One person said, "I have a care plan," which provided information on how they wanted to be supported. Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. They told us when a person was new to the service; they were given their care records to read before they provided any support. People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised.

Care review meetings were held which included people and their relatives or advocate, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. This was confirmed with the people we spoke with. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. The registered manager told us that care plans were reviewed and updated as soon as they were aware that people's needs or preferences had changed.

During staff handover we heard care workers coming on duty being updated on any changes made to people's care plans following reviews or visits from health professionals. Care workers were asked to sign as confirmation that they had read and updated themselves.

People told us that there were a range of social meetings and activities provided in the service which reduced the risks of them becoming lonely or isolated. One person had just come back from an exercise class, "I go for a laugh really." People told us they were kept up to date what was happening through the 'Holm Court News' letter. The 'Community news and what's on where' section also provided people with information of external social events and clubs they could join.

Where people required social interaction or encouragement to mix with others in the service to reduce their feelings of isolation, this was included in their care plans. For example, where a person may be initially too nervous to use the dining facilities on their own, a care worker would go with them. This enabled them to provide support as they got to know the other people using the service.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information in their flats and displayed in the communal areas.

Complaints records showed that complaints and concerns were addressed in a timely manner, this included meeting with complainants to make sure that they were happy with the investigations and outcomes. The registered manager told us about changes that had been implemented as a result of people's concerns. For example improving communication systems with people's medicines dispensing pharmacy to support their individual needs.

Good

Is the service well-led?

Our findings

The service provided an open and empowering culture. People told us that they felt that the service was well-led and that they knew who to contact if they needed to. They told us that their views about the service were sought. One person said, "Even my doctor said what a lovely feel to the place." Another person told us, Staff so nice here – I wouldn't have gone anywhere else". A recent compliment received from a relative, commented on the warm welcome they received, from care workers who showed pride in their, "Job and a willingness to help."

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. Records showed that quality surveys were undertaken in December 2014 which enabled people to share their views about the service they were provided with, anonymously if they chose to. The majority of comments given were positive, which included, "I like the fact that every carer goes the extra mile to ensure I have the best possible care."

The registered manager told us any negative concerns were used to make improvements. For example where one comment identified 'inconsistencies in staff professionalism.' Professionalism of care workers including dress code and language used had been addressed during team meetings and supervision.

Regular 'tenant meetings' were held where people could share their views about the service they were provided with and were kept updated with any changes in the service. The minutes to these meetings showed subjects discussed, and what had been said. The January 2015 meeting included discussion about quality checks undertaken by the provider and informing people of the importance of providing honest feedback, 'we can only get it right if we know when it is going wrong – so please do let us know so we can improve things. Help us get it right.' This showed that care workers were being proactive in asking people their views to influence on-going improvements.

There was good leadership demonstrated in the service. The registered manager understood their role and responsibilities as a registered manager and in providing a good quality service to people. They told us that they felt supported in their role and understood the provider's values and aims to provide a good quality service to the people who used the service.

Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. They were committed to providing a good quality service and were aware of the aims of the service. They told us that they could speak with the registered manager or senior staff when they needed to and felt that their comments were listened to and acted on. One care worker told us that the management had, "Fantastic working relationships with staff, know us well, very client based – promoting independence."

Care workers understood the whistleblowing procedure and said that they would have no hesitation in reporting concerns. The registered manager understood their role and responsibilities regarding whistleblowing and how whistleblowers should be protected in line with guidance. They provided us with examples of the actions that they had taken as a result of receiving concerns.

Where the service had been involved in a safeguarding investigation. Records showed that the social care professional involved had been impressed by the speed in which staff had taken action to investigate and address the concern. That during the investigation staff had been responsive, helpful and able provide clear documentation to show what action they had taken. This included measures taken to ensure identified shortfalls did not happen again. This demonstrated how staff worked in an open and co-operative way with external agencies to ensure the safety and wellbeing of people using the service. Where required, use the information gained to make improvements to ensure people received a quality service.

Discussions with care workers identified that meetings were used as a forum to keep them updated on any changes in the service, and where they could discuss the service provided and any concerns they had. The minutes of meetings showed that care workers were consulted about planned changes in the service, which included an update on recruitment.

The management of the service worked to deliver high quality care to people. Records showed that spot checks were undertaken on care workers. These included

Good

Is the service well-led?

observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training. This was confirmed by care workers.

Discussions with the registered manager and records showed that the service had systems in place to identify where improvements were needed and took action to implement them.

There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. Records showed that checks and audits were undertaken on records, including medicines, health and safety and incidents. Where shortfalls were identified action was undertaken to introduce changes to minimise the risks of similar issues reoccurring. For example, weekly checks had been put in place to address shortfalls identified in the completion of people's records relating to medicines administration. Feedback given to care workers in December's 2014 team meeting, described the improvement noted as being 'excellent'. This meant that the service continued to improve.

The registered manager told us how the service was prepared to provide staff with an induction which incorporated the new care certificate. Minutes of staff meetings showed that the Care Quality Commission's new ratings had been discussed. This told us that the provider kept up to date with changes and best practice and took action to implement them in a timely manner.