

# Flagship Housing Group Limited

## Jamie Cann House

### 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

Jamie Cann House is very sheltered accommodation providing personal care to people living in their own flats, some of these people are living with dementia. When we inspected on 2 April 2015 there were 37 people using the service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care 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

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.

# Summary of findings

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



# Jamie Cann House

## 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 on 2 April 2015 and was announced. The provider was given 48 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 one inspector.

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

We spoke with five people who used the service and the relatives of two people. We looked at records in relation to six people's care. We also observed the interaction between people and care workers.

We spoke with the registered manager and three care workers. We looked at records relating to the management of the service, care worker recruitment and training, and systems for monitoring the quality of the service.

# 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, “I feel very safe, I pulled the cord in the middle of the night someone came straight away, gives me peace of mind.” Another person told us how a staff member had assisted them with their walking frame, and said, “It saves me bending over, it was making my back ache, much better now.” People’s relatives confirmed that they felt that their relatives were safe using the service.

Care workers told us that they had been provided with training in safeguarding people from abuse, which was confirmed in records. Care workers understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. One care workers said, “If I knew of a problem, I would tell straight away.” The registered manager understood their role and responsibilities relating to ensuring that people were safe. They 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 the risks. These included risk assessments associated with moving and handling and medicines administration. 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 how the risks of slips and trips were minimised.

We saw records which showed that the fire safety in the service was regularly checked to reduce the risks to people. We spoke with the maintenance staff who was responsible for checking the fire safety and the safety in the premises. They told us that when issues in the environment were identified which could affect people’s safety they took action to either repair or report them, if they were unable to do it. This was confirmed by a person who used the service who told us that they had a problem with their shower and when it was reported it was addressed promptly.

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. In addition to this people told us that the care workers checked on them throughout the day. This was confirmed in records which showed that welfare checks were undertaken on people.

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. We saw the rota which confirmed what we had been told.

People were protected by the service’s recruitment procedures which checked that care workers were of good 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, “I take medication for my pain, they [care workers] always come in and check if I need it or not.” Their relative confirmed that the person was supported safely with their medicines. Another person commented, “They [care workers] order them for me and I keep them in my cupboard. They come in four times a day to check my tablets and they help me with my creams, they are gentle.”

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 level of support each person required with their medicines. Records showed that, where people required support, they were provided with their medicines as and 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. We saw the records of a recent medicines audit which had been completed by the service’s medicines supplier. This showed that the service’s medicines procedures and processes were safe and effective.

# 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 commented, “I’m sure they have been trained, I don’t have a problem with any of them.”

Care workers told us that they were provided with the training that they needed to meet people’s needs. One care worker said, “You never stop learning in this work, I’ve done all my training and refreshers.” They told us how they had been supported to undertake a recognised care qualification which assesses their competence in meeting people’s needs safely and effectively. Another care worker commented, “They are good on training, I have just done dementia and end of life care which were good.” Records and discussions with care workers showed that the provider had systems in place that ensured care workers had the right skills and qualifications to meet people’s needs.

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. 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. One person said, “They always ask me, I have my say.” We saw that the care workers asked people for their consent before providing any support. Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care.

The registered manager told us that team leaders had either 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. The registered manager told us that they were booked onto updated training in MCA to make sure that they were up to date with the legislation.

Where people required assistance they were supported to eat and drink enough and maintain a balanced diet. One person told us, “I need a little bit of help preparing my meals now, but I like to do as much as I can myself.” They went on to say that the care workers only provided assistance when they needed it.

People’s records identified people’s 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, if needed.

Care workers understood what actions they were required to take when they were concerned about people’s wellbeing. Records showed that where concerns in people’s wellbeing were identified, health professionals were contacted with the consent of people. 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.

# 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 said, “They are all very nice people, I think.” Another person commented, “The carers are all very respectful, I would be heartbroken if I had to leave.” One person’s relative told us that the care workers were all, “friendly and caring.” We saw that care workers interacted with people in a caring and professional manner.

Care workers understood why it was important to interact with people in a caring manner and how they respected people’s privacy and dignity. Care workers knew about people’s individual needs and preferences and spoke about people in a caring and compassionate way. One care worker said that they felt that people were treated with respect and care and commented, “I would not work here if it was not caring, the good thing is that care is at the heart of everything we do.”

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 people’s 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. One person said, “If I need anything I just have to ask.” Another person said, “I know I am able to have a say and am listened to.” Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People’s independence was promoted. One person said, “I like to do things myself and I know I can.” Care workers understood why it was important to promote people’s independence. People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People told us that their privacy and dignity were respected. One person said, “They never just walk in (to their flat), they always knock and the door and wait for me to say they can come in.” This was confirmed in our observations. 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.

# Is the service responsive?

## Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support needs and that their needs were met. One person said, “I get everything I need, they keep me organised.” Another person told us that their care plan was written when they moved in and they were asked what they needed assistance with. They said that this was kept under review and changed if their needs changed. This was also confirmed by their relative who told us that they knew what was in their relative’s care plan and if they thought it was wrong they would speak with the registered manager. People’s records and discussions with care workers confirmed that people were involved in decision making about their care.

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. 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, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. 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. For example, one person’s records showed how they valued their independence and were reluctant to ask for

assistance, but they were finding it difficult to manage the things they used to do. Their records guided staff to observe, offer assistance and not rush the person. This told us that the service was responsive to people’s needs without taking people’s independence away.

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 said, “There are activities Monday to Friday and they employed someone for that purpose. I get more company and it keeps my mind active.” 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.

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 the minutes of care reviews people were reminded about the complaints procedure. None of the people we spoke with told us that they had felt the need to complain or raise a concern. One person said, “I have no complaints but if I went to [registered manager] I know she would put it right. I can speak to any of the carers and none take offence.”

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, these included introducing a document to show when welfare checks had been undertaken and how medicines were disposed of in line with guidance.



# 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, “[Registered manager] is absolutely caring and she listens. If there is anything wrong she puts it right and is honest.” Another person told us that the registered manager, “Listens to me, she is very good.” One person’s relative commented that the registered manager was, “Approachable and she always has time to talk to you.”

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 where people could share their views about the service they were provided with, anonymously if they chose to. The registered manager told us that if comments of concern were received they would be addressed and used to make improvements. If the person was identified in the survey they would meet with them, if it was anonymous they would raise the issue in ‘tenant meetings’ and how they were going to be addressed. 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 that the previous minutes were agreed and actions were discussed and reviewed. This told us people’s comments and views were valued. For example one person had suggested that a pool table be purchased and the registered manager told us that the coffee morning that was being held on the day of our inspection visit was to raise funds for this to happen.

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. One care worker said that the registered manager was, “Approachable, I can talk to her when I need to, she has really helped me with my NVQ (care qualification).” Another care worker told us that they felt supported by the registered manager and their colleagues.

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.

Records showed that care workers meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had. The minutes of these meetings showed that care workers were consulted about planned changes in the service, for example a discussion had been held about changing bedding and care workers had made the final decision of actions.

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 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. The registered manager told us that they were continually seeking ways to improve the service and took all incidents and complaints seriously and used these to improve the service. This was confirmed in the improvements to the service had been made following complaints including how care workers recorded welfare visits to people.

There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. Records showed that checks and audits were

## Is the service well-led?

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. 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. 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.