

Housing & Care 21

Housing & Care 21 - Ash Lea Court

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 took place on 30 September 2016 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

Housing and Care 21 Ash Lea Court is registered to provide personal care. At the time of inspection 35 people were using the service, living in their own flats and receiving support with their personal care needs from Housing and Care 21.

The care service at Ash Lea Court is provided by Housing and Care 21. People have a rental agreement with Hanover who own the flats. They also provide cleaning services, lunch time meals and entertainment for people living in the service.

At the last inspection of the service in 16 May 2014 we found the service was meeting the regulations.

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

People who used the service and those who supported them knew who to report any concerns if they felt they or others had been the victim of abuse. Risks to people's health and safety were managed and detailed plans were in place to enable staff to support people safely. Accidents and incidents were investigated and action taken to prevent recurrence.

There were enough staff with the right skills and experience to meet people's needs. Staff provided people with the support they needed to ensure that they received their medicines as prescribed safely. People were supported by staff who had received the appropriate training to support people effectively.

Staff received supervision of their work. Staff ensured that people had sufficient to eat and drink independently. People had regular access to their GP and other health care professionals.

People were supported by staff that were caring and treated them with kindness, respect and dignity.

People and their relatives were involved in the planning and reviewing of their care to ensure that they received the care they wanted. People could have privacy when needed.

Care plans were written in a way that focused on people's choices and preferences. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

The culture of the service was open. People were supported by staff that were clear about what was expected of them. Staff had confidence that they would get the support they needed from the registered manager. People and staff were asked for their opinions about the quality of the service.

The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to peoples' safety were assessed and any accidents and incidents were thoroughly investigated.

People were supported by a sufficient number of staff who had been appropriately recruited.

People received the support they needed to ensure that they received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience.

People received the support they needed to ensure that they ate and drank enough.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing care for people.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were actively encouraged to make decisions about the care they received.

People's dignity was maintained by staff who understood the importance of this when providing them with care.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised to their preferences and adapted to take account of any changing need.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was well-led.

People and staff told us there was a positive, friendly atmosphere at the service.

The registered manager gave clear leadership and staff had a good understanding of their role.

There was an effective process in place to check on the quality of the service.

Housing & Care 21 - Ash Lea 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 on 30 September 2016 and was announced. The inspection was undertaken by one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

Before our inspections we usually ask the provider to send us 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. The provider completed a PIR and returned it to us.

We visited three people in their flats and spoke with two care staff. We visited the provider's office where we spoke with the two team leaders. We also spoke three people who used the service and one relative who was visiting on the day. We spent some time looking at documents and records that related to people's care and support and the management of the service. We reviewed four people's care records and the four staff records. We also looked at care plans, training records and other records relevant to the quality monitoring of the service.

We spoke on the telephone with two relatives after the inspection to ask them for their views about the service. We spoke with the registered manager as she was on holiday when we visited. This was to gather more information about the service. We also spoke with four health and social care professionals involved

with the service on the phone after the inspection to ascertain their views of the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff visited them to provide their care. One person told us, "Yes I feel safe with them. They come in here five to six times a day. I get to know them very well and they know my needs". Another person told us "I do feel safe with staff they are very good". Two other people told us how they felt safe with staff when they visited them throughout the day. Relatives we spoke with told us they were confident that their family members were safe when receiving care in their individual flats at Ash Lea Court. One relative told us "100% confident that our family member is safe here. From their supervision to making sure that their medication was given on time and safely for the last number of years they have been here. We feel that our relative has walked into paradise".

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected anything untoward had occurred. One staff member told us "I will report it to my team leader and also to the manager". Another staff member said "Definitely document it and report it to the manager and the police if it is a serious case It depends". Staff were confident that the registered manager would act to protect people if concerns were raised. Staff were also aware that they could contact the safeguarding team within local authority or CQC.

There was information in people's care plans about how to provide support to them to reduce the risk of harm to themselves and others. Staff were aware of this information and could explain what they did to keep people safe. Staff members we spoke with told us they ensured that people were kept safe by reading the care plans and checking for changes in the risk assessments. They also reported any changes to the person who used the service to the office staff.

Where required, information had been shared with the local authority about incidents which had occurred and staff had responded to any recommendations made. For example, the registered manager told us how they had consulted with the safeguarding team and received advice about a recent concern of suspected abuse. Although this did not meet the safeguarding threshold they followed the recommendation from the local authority in order to protect the individual. This showed that people were protected from avoidable harm.

People and relatives we spoke with were satisfied with the way in which risks to their health and safety were managed and respected. One person told us, "They do what I want them to do. They also make sure I have my walking frame nearby in case I need it. The staff come to check up on me as well and I pull the cord or press my pendant for help" One relative told us "Our family member comes and goes as they please. Staff support them with what they need. They are very much aware of what they can do and all risks are risk assessed". Staff told us they recorded if someone had a fall so that external professional support could be sought if needed. We saw how this was recorded in people's care planning records and how staff had liaised with the health professionals for advice.

The staff that we spoke with told us about the connection between maintaining people's safety and sustaining their quality of life. One staff member told us that even though there were staff on site to support

people if they had an accident, "We make sure we use the risk assessments to prevent people having accidents in the first place." They gave the example of making sure people were safe before they left their flat with nothing around them that could cause them to fall over.

The care records we looked at showed that risks to people's safety had been appropriately assessed. Care plans were put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our visit. For example, we observed a staff member pack a person's wheelchair away to the corner of their room so it did not create a hazard. Regular audits of incidents and accidents were made by the registered manager to ensure that any improvements identified as needed were implemented to reduce the risks to those using the service.

People told us there were enough staff to keep them safe. One person told us, "The staff are always on time." One person told us "they have never been late".

People told us how, if they used their call alarm, staff would always respond in a timely manner. One relative confirmed to us that they thought there were always enough staff available. Comments included "We feel there are enough staff to support our family member. They never had this standard of care before. It is like a weight lifted off us as a family for them to be in a place like this". Another relative told us about the contingency plans that were in place to ensure that people were safe in the event that additional staffing was needed. For example, the registered manager told us the existing staff were readily available to cover shifts in an emergency if needed.

This demonstrates that the service had enough staff to meet people's needs.

Staff we spoke with told us they felt there were enough staff to support the people who used the service and keep them safe and meet their needs. One staff member told us there was always a member of staff on call and that they worked as a team. The staff member told us how the team worked together to provide the best support possible when people had become ill or had had an accident. Staff told us they worked together to allocate their work adjusting their work plans to make the best use of time to accommodate people's requests and preferences on any day.

The registered manager told us they felt that there were sufficient staff to support people using the service. The duty rota was based around people's needs and preferences so there were always sufficient staff available. People's needs were regularly assessed and if more support was required then this was provided immediately so that people were safe and received the support they needed while any increase in funding was agreed.

Staff files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them.

Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People told us they received their medicines as prescribed and at the time they needed them. One person said, "The staff give my tablets with my breakfast make sure I have my tablets on time." Another person told us, "They stay until I take it". A relative who told us, "Their medication is very important and staff make sure they are given to them. I am confident they give it to them on time".

Staff felt competent in supporting people with their medicines. One staff member told us, "It is an important aspect of our work and we take it very seriously." They told us how the information in people's care plans

was helpful in understanding why people were taking their medicines. Care plans also informed staff of anything they needed to be aware of because of the medicines people were taking.

Staff told us when people were receiving support to take their medicines, they (staff) made sure they were patient and ensured people had the time they needed to take all of their medicines. We saw that each person's medicine was securely stored.

People were able to use the pharmacy of their choice to obtain their medicines. The registered manager ensured that prescribing arrangements were transcribed onto a Medicine Administration Record (MAR) so that there was a consistent way of recording when people took or declined their medicines. This showed that the arrangements for administering medicines were working effectively.

The MARs included useful information about each person, including whether they had any allergies and the name of their GP. Staff correctly recorded the medicines they had administered to each person on their medication administration records.

Is the service effective?

Our findings

People we spoke with felt that staff were competent and provided effective care. One person told us, "The staff receive good training from what I can see. They all know what they are doing. I am happy". Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities and said, "Yes the staff are all very good. I don't know what we would have done without them; they seem to be well trained. They know our family member very well. They know what they are doing." Another relative told us they felt staff were competent and had received the training they needed to care for people well. Comments included "They are competent in what they are doing. They seem well trained and have the knowledge and skills to deal with anything thrown at them. I am happy mum is there". This demonstrated that the service provided training to their staff and ensured that they acquired the necessary skills to meet the needs of the people who used the service.

The registered manager told us staff completed in house induction courses before starting to work with people. The induction and refresher training included all essential training, such as health & safety, safeguarding, medication, moving and handling, equality and diversity and first aid. Staff told us they received induction training when they started work. They said they received a good induction which had prepared them well for their role. They had 'shadowed' experienced staff as part of their induction training. One staff member said, "The training was very helpful because I know the difference. I have learned new skills about how people should be supported especially the use of role play. I shadowed a senior carer before working on my own".

Staff told us they had good support and training. One staff member told us, "I had plenty of training when I started." They explained that some of their training had been undertaken using distance learning materials. They also told us how they could always ask a colleague for support or ring the registered manager if ever there was anything they were unsure about. "I can call senior carers and the manager if I have any issues 24/7 if I need to". Training was provided promptly by the registered manager if a person's needs changed to ensure that staff continued to have the skills they needed to support them well. One staff member told us "We had one person who had a fall and went to hospital and now they came back and needs a hoist. The manager gave us training on how to use the hoist for them". The registered manager described how they monitored staff training needs to ensure that staff received the training they needed. A new e-learning training system had been introduced for recording all training that staff had undertaken to ensure it was effective.

The staff felt well supported and told us they received regular supervision and an annual appraisal of their work. One staff member told us, "We have regular 1:1, spot checks and observations. We also have a yearly appraisals". Records confirmed that staff were well supported in their work and the registered manager ensured they periodically undertook observation of staff practice. The registered manager felt well supported by their line manager and received regular supervision and appraisal. Comments included "I receive regular supervision and appraisal. I think it is a good focus on personal development".

People confirmed they had agreed to the content of their care plans and staff always asked for their consent

before providing care and support for them. One person said, "They always ask me before doing anything or me." Another person told us "Staff wouldn't do anything I don't want them to do".

Staff members told us they always asked people for consent before supporting them and saw this as important. We saw staff asking people before they provided them with their support. For example, staff asked one person if they would like their room cleaned and if they would like to be supported to go to the restaurant for lunch. We also saw that staff knocked on peoples' doors and waited to be invited in before they entered a person's flat to make sure that the person was happy for them to enter.

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had received training which covered the Mental Capacity Act to ensure they understood what this legislation means for the way that they supported people. One staff member told us, "A person is not assumed to lack capacity unless they are assessed. We have to give people choices and they have to give their consent before doing anything for them". Another staff member said, "it is about people who may not have the capacity to make their own decisions. The doctor and or other health and social care professionals have to assess them and hold a best interest decision meeting to make sure they receive good care."

People were supported to eat and drink enough to keep them healthy. One person told us the staff always gave them the choice of having a meal prepared in their own flat or being supported to use the restaurant service that is available and go to the dining room to eat with other people. They said, "I go down daily to the restaurant for all my meals and eat with the others (in the dining room) - it is nice and they have good food but it will be good to have more vegetarian options". We spoke with another person who said, "They make sure that when they leave me they leave drinks for me and encourage me to drink plenty". One relative told us our family member goes down to the restaurant by them self. She enjoys the food". Staff told us how they ensured that people ate and drank enough and they recorded what had been offered in the care planning records.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. This ensured that people had access to the healthcare professionals they needed at the right time. One person told us, "The staff will call the doctor or the nurse whenever I need them to. They also write down in the book so others will know ". Relatives we spoke with were confident that people had access to any support they needed to maintain their health and told us ; if staff had any concerns they always ensured that people were seen by the relevant healthcare professional. One relative said "My family member was unwell and had to go into hospital. As soon as they came back the staff had to request the district nurse to visit because of a different condition. I went home well assured that they were well looked after better than the hospital".

Staff described how they would respond if they felt someone needed to see their doctor or dentist and an appointment had not been made for them. One staff told us "I had to book a quick appointment for a dentist for someone because their tooth and denture were loose". They told us that the registered manager would ensure that an appointment was made so that people were able to access the advice and support they needed to maintain good health.

The care plans confirmed that people received regular input from visiting healthcare professionals, such as

their GP and district nurse, on a regular basis. Staff noted any advice given by healthcare professionals. Where changes to a person's care were required, these were put into place. Staff were aware of the guidance that had been provided and this was implemented within people's care plans.

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person told us, "Staff are very caring, kind respectful. They look after me well". Another person said "They treat me very kindly. We always have a laugh and a joke when they come here. Yes they have very good manners, they are very respectful and thoughtful" A relative told us "All the staff we have met are friendly, respectful and approachable. They are very good and very caring. They call our family member by their first name which is what they prefer".

Staff explained to us how they had formed positive and caring relationships with people saying, "Everybody is not the same. It is important to have this relationship for their health and safety and for them to trust us and be able to tell us when something is worrying them". Another staff member staff told us how they would sit and talk with people. "I normally sit down for a few minutes to have a cup of tea and chat with people. They like it".

We saw warm and friendly interactions between people and staff during our visit. When providing support to people staff were attentive and supportive. They spoke with people in a way that made them feel they mattered. We saw that staff shared a joke with those they were supporting when this was appropriate. Staff told us how important it was for people to feel at home in their own flat at Ash Lea Court.

People were supported to make day to day choices relating to how their care was provided. We spoke with someone who showed us their care plan and was able to tell us how they had been involved in what went into it and agreeing it all. They told us, "You could look at it but please keep it back where it was so staff will know where to find it need it to write in it." A relative told us how they were involved in setting up their relative's care plans when they first began using the service and had been involved in reviewing it as their family member's care needs had changed. "Yes they talked to us before hand and told us to call them If we had any concerns to let them know. They also reviewed the care plans".

Staff understood the importance of encouraging people to express their views and make decisions about their care and support on daily basis. They explained to us that if a person wanted to be cared for in a way that was different to how the care plan described they would speak to the registered manager to make sure that the care plan was updated. One staff member said "For example if someone wanted a bath instead of a shower and it is not in their care plan. I will let the office know because there may be a risk assessment and review of the care plan. I will explain it to the person"

The registered manager explained how they involved each person in initially agreeing how they wished to be supported and also in any subsequent reviews. The details within the care plans stated how people were to be supported to have choice and maximise their independence. People's care plans were reviewed regularly and included any changes a person may like.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our visit. An advocate is an independent person who can provide a voice to people

who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. One person said, "Absolutely always treat me with respect when they come to help me with washing and dressing." A relative we spoke to told us how they valued the fact that their family member was always treated with dignity and respect by the staff that was caring for them. They said "We are very happy that mum is treated with respect, The staff are really good"

Staff explained how they promoted people's dignity and respect. They told us that dignity was not just about what they did, like ensuring that curtains were closed before providing personal care so that people could not see in, but also about speaking respectfully and making sure that people felt good about themselves. One staff member told us, "It is important to remember that people have lives as well, and if I arrive to support someone enjoying what they really liked for example they are watching a TV program, which is nearly finished it is only respectful to pop back a few minutes later so that they can see the end of their program."

One social care professional told us, "The carers seem to know the service users well and support them in the best possible way they can".

Each person kept their care planning records in their own flat, located where they wished so that it was available to staff. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. Personal details for people which were held in the office were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This ensured people's personal details were protected.

Is the service responsive?

Our findings

People felt they received the care and support they required and that it was responsive to their needs. One person told us "They are always willing to change things round if I need it". A relative explained how the service responded to their family member's changing needs. "They changed the care plan to reflect the change in need in the care they provided whenever this was needed". Another relative told us they felt that staff had got to know those they worked with and provided people with their support in the way that the person wanted it.

Staff understood the importance of the service being personalised to each person. We were told by staff how, even though people's routines may be very similar, the approach and conversation with each person was different.

We observed that staff were responsive to people's needs and requests for help. The registered manager told us emergency call bell in each person's flat was monitored by the landlord who relayed information to the staff if it was not picked up quickly. People and staff told us that this system worked well and staff responded quickly if someone pressed the call bell in their flat. One person told us, "They always come when I ring the bell". Information about people's care needs was provided to staff in care plans as well as during the shift handover and written in communication books. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time.

People and their relatives felt able to raise concerns and complaints and told us they knew how to do so. One person said, "I have been here for a number of years. I know how to make a complaint but I have no need to complain." One relative told us "I have no complaint. They go over and above what they are required to do". We spoke with a visitor who told us they had no complaints but felt confident to speak to the registered manager if they did. Another relative told us, "I can always contact the manager through the office or come if I need to speak to or see them. They always listen to what I need to say. They are very approachable" People had access to the complaints procedure which was given to them when they started using the service.

We reviewed the records of the complaints received since our last inspection. The complaints had been investigated within the timescales stated in the complaints procedure. Communication had been maintained with the complainant throughout the process to ensure that the person knew what was happening. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice. For example, one person complained that a call in regards to cleaning their flat was missed off the staff runs.

The registered manager took immediate action by sending another staff member to carry out the work. The registered manager told us the team leader double checks the system to prevent any recurrence. Regular audits of complaints were made by the registered manager to ensure that any improvements identified were implemented.

Is the service well-led?

Our findings

People benefitted from the positive and open culture at the service. During our visit people were made aware of who the inspector was and why they were there by the staff that were supporting them. People told us they felt comfortable and confident to speak up if they had any concerns with the staff that were supporting them. One person told us "They have an open door policy which means I can see the manager anytime. I have no concerns, I am very happy ". People told us they could contact the registered manager if they needed to and said that they felt confident that they would be listened to if they did so.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke with were friendly and approachable. They understood their roles and responsibilities and their interaction with the people who used the service was very good. One staff told us " I love my job. My role is to provide people with care that meets their needs".

The registered manager told us that strong partnership working arrangements were in place between them and other agencies that provided support to people. They told us how this ensured that people received the best care possible in their own flats. The registered manager told us "The dual package works so well and we work together through good communication to the benefit of the person using the service".

Staff spoke highly of the registered manager and the team leaders, telling us they felt well supported. Staff said they were comfortable saying if they had made a mistake or raising concerns and felt that their concerns would be listened to. One staff member told us, "If the registered manager is not here we can always ring them for advice – we will always be taken seriously." They told us that they felt that there was strong teamwork and everyone pulled together to resolve problems. Comments included "The teams work well together. We always work together to support each other and resolve issues". Staff were confident that they could speak up if they needed to.

The service had a registered manager who had a good understanding of their responsibilities, of the climate in which the service functioned and how they needed to respond to ensure the needs of those using the service were met. Staff commented that the registered manager was visible in the service and knew who to speak with locally if they were not on site.

There was good delegation of tasks between management at the service. Each person knew what was required of them and staff knew who was responsible for what role. This ensured that the service focused on the providing the quality care for the people who used the service. The registered manager was supported by the provider's extra care manager who made regular visits to monitor the service. We saw that last internal quality audit was on 26 and 27 April 2016 and action had been taken following issues identified. For example ensuring that MARs were checked and countersigned by a second signatory before use to ensure they were correct.

The quality of the service people received was regularly assessed and monitored. People felt assured of this

and told us, "The manager checks that staff are doing my care right every so often." The team leaders showed us the series of audits and checks that had been undertaken by the registered manager which helped to ensure a high quality service was maintained. This covered areas such as accident and incidents, safeguarding and complaints. Staff recruitment and staff training to ensure that the service complied with legislative requirements and promoted best practice. They also spoke with people to check that they were happy with the service that they were receiving.

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be up to date. Where any areas of improvement within the documentation had been identified this had been addressed. For example, gaps in the MARs were addressed with the member of staff concerned.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through regular surveys and meetings. This information was used to inform the planning of the service that was provided. Clear communication structures were in place within the service. There were regular staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.

Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.