Housing & Care 21

Housing & Care 21 - Oak 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

Summary of findings

Overall summary

Housing & Care 21 – Oak House provides personal care and support to people living in their own flats in a sheltered housing complex. On the day of our inspection on 6 April 2017, there were 34 people using the personal care service. This was an unannounced inspection.

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 their roles and responsibilities in keeping people safe. 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.

Care workers were available to ensure that planned visits to people were completed. People were supported by care workers who were trained and supported to meet their needs. Care workers had good relationships with people who used the service.

People were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where required, people were provided with support to access health care professionals.

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. There was good leadership in the service. The service had a quality assurance system and shortfalls were addressed appropriately. As a result the quality of the service continued to improve.

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.

Care workers understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough care workers to ensure that the planned visits to people were completed.

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

Is the service effective?

Good

The service was effective.

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

The service was up to date with the requirements of the Mental Capacity Act 2005.

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

Is the service caring?

Good

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

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

Is the service responsive?

Good

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.

Is the service well-led?

Good

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. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Housing & Care 21 - Oak 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 unannounced inspection took place on 6 April 2017 and was undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public. Prior to our inspection we received surveys from 10 people who used the service, two relatives and eight staff members.

We spoke with four people who used the service and three relatives. We spoke with the registered manager and a team leader. We also spoke with two care workers about the care provided to a person. We looked at records in relation to five people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

Our last inspection of 4 February 2015 found improvements were needed in the safe management of medicines. During this inspection we found improvements had been made. The registered manager told us that there was a named senior staff member who was responsible for completing audits on medicines and take actions to address any shortfalls. The checks and audits in place including monitoring that there was not large stocks of medicines kept by people, that orders had been made and that where people required support to take their medicines this was done safely. We looked at records of audits which confirmed what we had been told. These checks enabled the service to quickly pick up any discrepancies and address them in a timely manner. This meant that the risks to people were minimised by the service's systems for the safe management of medicines.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "They [care workers] look after them [medicines] and make sure I have taken them. I know they help others because they come in here [communal area] and take them [other people] away to have them [medicines]."

We reviewed medicines administration records [MAR] which were completed appropriately to show that people received their medicines when they needed them and in a way that met their needs.

Care workers were provided with training and had medicines competency observations. People's records provided guidance to care workers on the level of support each person required with their medicines. This showed that the service's medicines procedures and processes were designed to be safe and effective. Where an error had occurred with people's medicines the service took action to learn from the incident and reduce the risks of similar errors happening. For example where there had been omissions in medicines records.

People spoken with told us that they felt safe using the service. All of the surveys we received from people said that they felt safe from abuse or harm from their care workers. In addition all of the surveys received from relatives and care workers said that they felt that people were safe from harm and abuse.

People were protected from abuse. Care workers were provided with training in safeguarding and they understood their roles and responsibilities in this subject, including how to report concerns. This was clear due to how care workers had reported concerns of possible abuse to the service's management team. They had raised safeguarding referrals with the local authority safeguarding team, who were responsible for investigating such concerns. Discussions with the registered manager and team leader identified that where there had been safeguarding concerns and poor practice they had taken action to reduce the risks of future similar events happening. This included reviewing care records and practice and taking disciplinary action.

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 risks that may arise in people's own flats. 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.

There was a business continuity plan in place to ensure that the potential risks to people and the running of the service were identified and plans in place to reduce the risks. This included actions that needed to be taken in the event of, for example, a fire or flood. Records showed that the fire safety system was regularly checked to ensure that people were safe in the event of a fire.

Systems were in place to ensure that care workers were available to provide care and support to people when needed and planned. People told us that the care workers visited them when expected and stayed for the agreed amount of time to meet their assessed needs. All of the surveys we received from people said that the care workers always stayed for the planned length of time for their care visit.

The team leader told us about the arrangements for ensuring that all care visits were covered and we saw records which confirmed what we had been told. There was allocated time for care workers to ensure that where required, people received health and welfare checks in addition to their planned visits. Care workers responded to call bells in case people required assistance outside of their visits. There were procedures in place which guided staff on the actions they should take in case of an emergency and urgent calls for assistance. For requests for assistance that were assessed as non-urgent there were systems in place to advise the person that they would attend to their request as soon as they were able. Where issues with missed visits had arisen, due to error, actions were taken to reduce the risks of these happening again.

The team leader and registered manager told us that the service was fully staffed and that there were a lot of long standing staff who had worked in the service for many years. They tried to keep a regular group of care workers to visit people. This meant that people were provided with care by care workers who were known to them and provided a consistent service. In the event of short notice absence this was covered by existing staff and or the management team.

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.

Good

Is the service effective?

Our findings

People told us that they felt the care workers had the skills and knowledge that they needed to meet their needs. A compliment received by the service from a person's relative stated, "The carers that have helped [person] are just marvellous, their attitude is so motivated and intuitive, that's something that cannot be taught in my opinion." All of the care worker surveys we received told us that they felt that they were provided with the training they needed to meet people's needs.

The training included an induction before the staff started working in the service and mandatory training such as moving and handling and safeguarding. This was updated as required, the training plan showed where training had been booked for care workers to ensure that their knowledge was kept up to date. Care workers were also provided with training in supporting people with specific needs, including dementia and nutrition and hydration. This showed that care workers were provided with up to date training on how to meet people's needs in a safe and effective manner.

Care workers were provided with a handbook which included information about their role and responsibilities, including the code of conduct, and pointed them to relevant policies and procedures. The registered manager told us that all care workers were provided with the opportunity to achieve a qualification relevant to their role, such as the Qualifications and Credit Framework (QCF) diploma and health and social care.

All of the surveys from care workers told us that they felt supported in their role and were provided with one to one supervision and appraisal 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 showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

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.

Care workers were provided with training in MCA, they had signed to say that they had read and understood the service policy on MCA and the subject had been discussed in staff meetings. The registered manager and team leader were up to date with their knowledge and understood the requirements of their role. This showed that systems were in place to ensure that the service worked in line with the MCA principles and people's consent was sought before any care and treatment was provided and the care workers acted on their wishes.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. The team leader told us about people that required monitoring such as regular weight checks to ensure

that they maintained a healthy weight. We saw that one person told the registered manager that they had not eaten lunch. The registered manager talked with them about it being breakfast and asked if they had breakfast yet, the person was not sure about this and the team leader asked the person to go with them to their flat to check that they had eaten. This showed that the staff had supported the person to ensure that they had eaten their meal.

There were opportunities for people to purchase meals from an outside caterer. This included having these meals in the communal areas with each other or have plated meals delivered to their own flats. The registered manager told us that people had the opportunity to source the caterers of their choice in tenants meetings.

Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where people had been assessed at risk of not eating enough records were maintained of what people had eaten. We did note that there were some gaps in these records, however, this was recorded in the person's daily notes. Therefore the amount eaten could easily be tracked in case there was a risk. The registered manager and team leader assured us that they would speak with care workers to ensure that as well in the daily records the dietary records would be completed as required.

People were supported to maintain good health and have access to healthcare services. 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.

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 said, "They are a good bunch here, always respectful. They [care workers] never tell you, you can't do something." Another person commented, "The [care workers] are really nice." A comment made in a survey from a person who used the service told us, "Staff friendly and cheerful." All of the surveys we received from people said that the care workers were caring and kind and that they treated them with respect and dignity.

A compliment received by the service from a person's relative stated, "I have never witnessed such compassion and know those involved did more than was required for their job. I am unable to find the words to truly express my gratitude to you all."

People's independence was promoted and respected. One person told us, "I can do most things myself, I have my independence but there is always someone around." All of the surveys we received from people said that they were supported to be as independent as they could be. This was confirmed in the surveys received from relatives and care workers.

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. Records guided staff to make sure that they always respected people's privacy and dignity.

Care workers were polite and caring in their interactions. We saw care workers speaking with people in a respectful manner. We saw the registered manager and team leader speaking with a person about their new haircut. They told the person they, "Look lovely," this made the person smile and they said, "You have made me happy, I know I feel alive." We could hear lots of laughter from the communal areas where staff and people were sharing jokes and light hearted chatter with each other.

People told us that they felt that their views and comments were listened to and acted on. People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. Records showed that people had been involved in their care planning. Reviews were undertaken regularly 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.

Good

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. We told a group of people why we were in the service and what we would be checking. One person said, "Don't we look happy?" They laughed and said, "Everything is good here." Another person told us that they felt that their needs were met and that the care workers, "Will run around in short circles for you, nothing is too much trouble." Another commented, "I am very happy here." A comment made in a survey from a person who used the service told us, "I am happy with the level and quality of service I receive." Another said, "Personal care is excellent."

All of the surveys received from people said that they would recommend the service to others, that they were happy with the care and support they received from the service and that they were involved in the decision making about their care. One survey from a relative stated, "This is a friendly, cheerful and happy place. I am so pleased that my relative lives there, it has been a great help to me. The staff are always ready to help and advise if necessary, but do not interfere."

One care worker survey told us, "My work schedule is subject to how the service user is that morning, some days someone may need longer than they do on another days. If this is the case I know I am working with a good team of carers and care trained office staff who will help out where they can." This was confirmed by another two care worker surveys received. This demonstrated that the care workers responded to people's needs, should they need further support for example in an emergency.

Prior to moving into the service people were assessed to ensure that their needs could be met and the service was suitable for them. The pre-admission assessments fed into people's care plans. People's care plans 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. One person's care record did not include information regarding the risks of pressure ulcers and support provided. We spoke with two care workers who supported this person and they were able to fully explain the appropriate support the person was provided with. Therefore we were assured that the risks to the person were reduced. The team leader added this to the person's care plan immediately. Another person used equipment to mobilise, to ensure that care workers were provided with guidance to support the person appropriately, the person's care records included photographs of the person using the equipment to add visual guidance to care workers as well as the supporting written information.

Care reviews were held which included consultation with people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. This showed that there was a system in place to respond to people's changing needs and preferences.

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. For example, if they required companionship or support to use services in the community. There were a range of activities provided in the sheltered housing complex that people could

choose to participate in. In the absence of the allocated staff member who supported people with activities there was an arrangement in place that people could attend the day centre where they could meet other people from the community. On the day of our inspection visit, one person told us about what their plans were for the day. They were sitting with a group of people in the communal lounge and said first they were having lunch in the communal dining room, then going into choir practice which was held by a volunteer and then having sherry with other people in the lounge. We saw that all of these things happened and there was lots of laughter and chatting between people and with care workers. This contributed to a relaxed and welcoming atmosphere in the service where people could choose to mix with others to reduce loneliness.

There were two guinea pig pets in the service and the team leader told us that these were loved by people in the service who assisted in their maintenance and petted them. They gave an example of one person who sat with the pets on their lap which gave them a sense of wellbeing. Minutes from a tenants meeting identified that they had discussed the pets and responsibilities for grooming them.

People were provided with the opportunity to express their views about the service in tenants meetings. The minutes of these meetings showed that people made decisions about their activities and could raise concerns. We saw that actions had been taken and people had been updated as a result of their comments, including improvements in the environment.

People knew how to make a complaint and felt that they were listened to. All of the surveys received from people and relatives told us that they knew how to make a complaint. One person's relative did raise concerns with us about the service provided. However not all of their concerns related specifically to the service, but to the assessments of their care package. We explained our role with relation to individual complaints and that we could look at general issues raised. The relative told us that they were waiting to speak with a member of the provider's senior management team and the local authority where they would be raising these issues.

Complaints records showed that complaints and concerns were addressed in a timely manner. Complaints were used to improve the service and to prevent similar issues happening, for example taking disciplinary action where required and offering an apology to the complainant. The registered manager told us about the new system in place to record and manager complaints, for which the registered manager had recently had training in. They were required to record all concerns, complaints and compliments and trends analysis were undertaken.

Good

Is the service well-led?

Our findings

Our last inspection of 4 February 2015, the service was rated as good, however improvements were needed in the safe management of medicines. During this inspection, we found that the service had made improvements in their systems for managing medicines safely and they had sustained their rating of good.

The service provided an open and empowering culture. People told us that they felt that the service provided good care, was well-led and that they knew who to contact if they needed to. One relative said, "You won't find anything wrong here. If it wasn't for those two [registered manager and team leader], I don't think I would have coped." A comment made in a survey from a person who used the service told us, "New management has made a lot of difference and things are better than before."

One relative survey told us, "Oak House has improved considerably since the new manager has taken over, and I believe [registered manager], in turn, has a new and better line manager at Housing & Care 21. The staff are now happier, there is a better atmosphere and [registered manager] truly understands what [their] role is to care for vulnerable people like my [person]," and, "I now feel my [person] is in good hands, with staff who care and a manager with whom I can discuss any concerns I have about my [person], knowing they will be addressed appropriately, and with kindness and professionalism."

During our inspection, we saw that people and visitors went into the office to speak with the registered manager and team leader. This was clearly a usual routine which showed that the management team were approachable and available to speak with people. One person told the registered manager, "You are doing a smashing job." The registered manager told us that people also put notes under the office door if they wanted to raise a concern or speak with them. We saw that they had received a note from a person regarding the use of the laundry room, which confirmed what we had been told.

The team leader and registered manager told us about the changes in the management structure in the service, this included a new registered manager, who was registered with the Commission in March 2016, and regional manager. The registered manager understood their role and responsibilities in provided good quality care to people. They said that they felt supported and were provided with regular support and supervision from the provider's management team. They felt that these systems allowed them to discuss any concerns and receive feedback on their work practice. The registered manage also told us about the provider's meetings such as annual conferences and regional meetings where they shared good practice and discussed any changes and issues.

The management of the service worked to deliver good quality care to people. There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. These included audits and checks on medicines management, care records and accidents and incidents. The provider's systems enabled the registered manager to analyse issues such as falls, complaints and incidents to check if there were any patterns and take action to reduce future risks.

Records showed that spot checks were undertaken. These included observing care workers when they were

caring for people to check that they were providing a good quality service.

The service's management completed weekly returns which kept the provider updated on any issues in the service. There were also quality checks undertaken by the regional manager. In addition there were annual audits made on the service by a representative of the provider.

All of the questionnaires we received from people said that they were asked for their views on the service and the service acted on what they said. All of the surveys from people told us that they were asked what they thought about the service they were provided with.

People were provided with the opportunity to share their opinions about the service. The results from satisfaction questionnaires completed showed that actions were taken as a result of people's comments. The team leader told us and records confirmed that the service had achieved 100% of satisfaction for two years. There were tenants meetings held where people could raise concerns or share their views about the service. The minutes of these showed that they were kept updated with any changes in the service. People were further updated in the regular newsletters. This showed that people were involved in the running of the service and kept updated on any issues affecting their care and support.

There was good leadership demonstrated in the service. All of the care worker surveys received told us that they felt confident that the management would act of any reporting of bad practice and that they were asked about their views of the service, which were taken into account. Minutes of staff meetings showed that they were kept updated with changes in people's wellbeing and their role.

Where changes or updates had taken place in policies and procedures care workers were required to sign to show that they had read and understood them and they were discussed in staff meetings. The registered manager told us that care workers were also provided with copies of key and new polices for example the duty of candour and Mental Capacity Act 2005.