

Housing & Care 21

Housing & Care 21 - Mere View

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 and Care 21 Mere View provides care and support to people living in an 'extra care' housing scheme and people living in the wider community. The scheme is referred to as Mere View by people, relatives, staff and the provider. We have also referred to the scheme as Mere View in our report. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and service. Not everyone living at Mere View received the regulated activity. On the day of our inspection 17 people were receiving a personal care service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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 and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

There were sufficient staff to meet people's needs. Recruitment processes were robust and ensured that staff were of suitable character to work with vulnerable people. All staff had been subject to a check by the disclosure and barring service (DBS) and had also been required to provide references prior to commencing employment.

Medicines were administered safely to people when they needed this support. Staff were aware of the infection control measures in place to reduce the risk of the spread of infection.

Staff had received the training they required to carry out their roles effectively and new staff had also been supported to undertake a period of induction. This helped ensure that staff had the skills they needed to support people. Staff skills were regularly assessed through spot checks to ensure they knew how to support people in a safe, respectful and effective way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff understood the principles of mental capacity.

People were supported to access healthcare professionals when required and the service worked with a number of external agencies to ensure that people received joined up, consistent care.

Staff provided a service which was caring, respectful and promoted people's privacy and dignity.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Housing & Care 21 - Mere View

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 announced took place on 18 April 2018 and was carried out by an inspector and an expert by experience. An 'expert-by-experience' is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

Before the inspection, we requested that the provider complete 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. This was received from the provider.

We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We spoke with the registered manager, the assistant manager and the extra care operations manager. We also spoke with two care staff. With their permission we met with eight people and two relatives. After our visit we emailed an additional 13 staff giving them the opportunity to contact us to provide feedback on the service, we did not receive any responses. We also left contact details for any further relatives who may have wished to provide us with feedback but did not receive any responses.

We reviewed the care records of two people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection in August 2015 we rated this key question Good. At this inspection we found that the service had sustained this rating and remains Good.

People and their relatives told us that the service continued to be safe and that they felt safe with staff providing their care. One person told us, "I like the feeling that I'm not alone and that if I fell there's someone to call." Another person said, "I feel safe here. It's ideal for what I want."

Staff understood about types and signs of abuse and could explain the action they would take if they suspected or witnessed abuse. Records showed appropriate action was taken in response to safeguarding concerns and the registered manager had made appropriate referrals to the local authority safeguarding team. We spoke with the registered manager about the need to notify CQC of safeguarding concerns even in the event that these may not be upheld by the local authority, and they agreed to ensure that this would happen. Staff had received safeguarding training and were aware of the whistleblowing policy.

Staff understood the risks that people faced and their role in managing these safely. For example, one person was at risk of falls. Detail in their risk assessment provided clear instructions for staff members when delivering the persons support to help reduce the risk of them falling. Staff supported people to be safe in their own properties. People had personal emergency evacuation plans which were personalised to their support needs and used to support evacuation in the event of an emergency.

There continued to be adequate staffing levels to meet people's needs and provide safe, consistent care and support. People told us they received their care calls as expected and staff consistently turned up at their flats when expected.

We checked how staff were recruited and the processes followed to ensure they were suitable to work with people. Staff told us pre-employment checks on them had been completed before they started to work for the service. We reviewed four personnel files of staff who worked at the service and saw that there were safe recruitment processes in place including; photo identification, references from previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

People continued to receive their medicines and creams as prescribed and these were recorded accurately. One person told us, "My carer comes at set times with my medicines and waits until I've taken them." We looked at the Medicine Administration Records (MAR) for four people and saw that medicines had been administered and signed for correctly. Where people managed their own medicines, this was recorded and respected. Some people had medicines prescribed to be taken 'as required', they told us they had support with these when they needed it.

We saw there were few accidents and incidents, but when any happened, they were recorded and managed appropriately with detailed investigations undertaken along with learning to prevent reoccurrence.

Is the service effective?

Our findings

At our last inspection in August 2015 we rated this key question Good. At this inspection we found that the service had sustained this rating.

Care and support were delivered in line with current legislation and best-practice. People's needs had been assessed holistically and care plans were based upon assessments of their needs and wishes. These assessments had been used to create highly detailed support plans.

Staff continued to have the necessary skills and knowledge to effectively support people. People and their relatives were confident that staff had the knowledge they needed to provide care. People spoke positively about the skills of staff supporting and caring for them. One person told us, "They all have first aid training which I like." Another person said, "They know exactly what they're doing when they're helping me." Records showed staff completed training which included: first aid, dementia, safeguarding, diversity and inclusion and the medication awareness and administration. Staff competency to care for people effectively was assessed through regular competency checks in a number of areas such as care, dignity, safety and communication. Staff were supported with supervisions and appraisals, they told us they were happy with the support provided to them.

People told us they received the support they wanted with their nutritional needs. As people lived in their own flat their food was purchased by themselves or their relatives. The service had a restaurant accessible to people which provided meals during the day. At other times people received support from care staff to prepare light meals and snacks. One person said, "If want a drink or anything else in my [flat] between meals I can just press the buzzer [and staff will come]."

We saw there was good teamwork and communication between staff was good. A member of staff told us, "We have a great staff team here; we all help each other out."

People were supported to access healthcare professional support in a timely manner. We were told that one person was not well at the time of our visit. Staff quickly identified that the person was not presenting in their normal way and explained that this was out of the ordinary. They suspected an underlying health cause and requested an urgent ambulance attend the service. We saw staff remained with the person and liaised with their next of kin to ensure they were updated.

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 MCA 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. We found people were asked to sign their care records to document they

consented to their care and support. Where people had appointed someone to make decisions on their behalf this was recorded within their care plan as well as the persons' ability to make their own decisions.

Is the service caring?

Our findings

At our last inspection in August 2015 we rated this key question Good. At this inspection we found that the service had sustained this rating.

People told us staff continued to be caring and treated them with kindness. One person told us, "The carers are very good; they're kind, compassionate and they have a sense of humour." Another person said, "We have a grand set of staff; they're pleasant, cheerful and they seem to enjoy their work." Another person's relative told us, "I know that [family member] can be difficult, but the staff are very good and seem to understand [person]." We observed staff were friendly to people and saw respectful interactions.

There were systems in place to support people to express their opinions. People were supported to express their views and be actively involved in making decisions about their care and support. One person told us, "They talk through with you the way you want them to help you." People's care records were extensive and detailed and contained sufficient information to help staff understand individual preferences. For example, one person's care record detailed how they would like to be supported and what staff could help them with to achieve this. Care records also make reference to people's personal preference for their care in areas such as the temperature of their shower.

People were treated with dignity and respect. One person told us, "They're good at giving the practical care I need." Staff gave us practical examples of how they respected people's right to privacy and dignity when providing personal care.

Care records were locked away so that they remained confidential. People held their own copy in their flats and care plans detailed exactly where the person wanted this record to be stored. Information was available within care files to inform people of who had the right to access their file and people had signed consent to state they were in agreement. This showed us that the provider was being open and transparent with people regarding confidentiality of their information.

Is the service responsive?

Our findings

At our last inspection in August 2015 we rated this key question Good. At this inspection we found that the service had sustained this rating.

People continued to have their care needs met in a personalised way and plans were subject to regular review. Each person had a care plan that was tailored to meet their individual needs. Care plans were highly detailed and made clear people's personal preferences, their likes and dislikes and guided staff on how best to support them. People we spoke with told us their individual needs and preferences were met and that staff were very responsive. Records showed people and their relatives were involved in developing their care plans which were regularly reviewed.

People told us care staff continued to be responsive to their needs and delivered the care they wanted and needed. Each person had use of a call system to request support that was easy to use and alerted staff immediately. One person said, "If I wanted something I would only have to press my call bell and they would come and help me." A member of staff we spoke with told us, "We go the extra mile for people. Things like putting their laundry away for them or helping them with packing their shopping away. We always check before we go if there is anything else people need."

People continued to understand how to make a complaint if they were dissatisfied with the service. One person told us, "I have no complaints. If I felt strongly about something I'd talk about it to [registered manager] or [assistant manager]." Another person said, "If I had a problem I would certainly be able to speak out." We checked the records in relation to concerns and complaints. If complaints were received these were addressed in accordance with the provider's policy and included a written response.

Minimal information was included within people's care plans about their end of life wishes. The registered manager told us that at the time of our visit no one was receiving end of life care. They also told us that they asked people about their end of life wishes and preferences as part of their care planning however a lot of people did not wish to discuss this.

Is the service well-led?

Our findings

At our last inspection in August 2015 we rated this key question Requires Improvement. This was because we had concerns that despite the best efforts of the staff at the service the provider had not resolved a complaint. We found at this inspection that this issue had been resolved, complaints were responded to in a timely manner. At this inspection we found that the service had improved the rating for this key question to Good.

A registered manager was in post at the time of our visit. 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.

The service had a clear vision to provide independence and choice for people high-quality, responsive, person-centred care. Through our discussions with them, staff and the management consistently demonstrated the values associated with the service. People and their relatives told us they had confidence in the management of the service. Staff told us the management were supportive and approachable. "They (the staff) seem to enjoy their work"

There were effective systems in place to check and ensure that staff had the competencies needed to undertake their caring job roles. They received regular spot checks of their work which meant that their practice and interactions with people were observed and monitored in areas including caring approach, safety, effective communication and respecting dignity. These systems meant that the service had oversight about staff skills and were able to highlight and take appropriate action if any areas for improvement were identified.

There continued to be systems in place to monitor the quality of the service provided. Records showed areas reviewed included care plans, risk assessments, complaints and staffing. Any short-falls were highlighted and we saw evidence which showed improvements were made. People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through meetings and regular surveys. The results of the latest survey were clearly displayed for people to see.

The registered manager had an understanding of their responsibility to inform CQC of significant events, changes or incidents which had occurred at the service in line with their legal responsibilities. We found however that there had been some oversight in respect of a person who had experienced a fractured bone last year and two separate safeguarding incidents. We were not concerned that these people were not receiving the care and support they needed and saw that the registered manager had good systems in place for responding to concerns. We spoke with the registered manager about the requirements for notifications and she confirmed she will always notify CQC of such incidents in the future.

The team worked effectively with other agencies to provide people with joined up care. For example, one

person's needs had changed and they were experiencing difficulties with their mobility. The service had contacted the local authority to make them aware and were awaiting assessment by an Occupational Therapist.