Housing & Care 21

# Housing & Care 21 - Badminton Gardens

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 11 October 2016 and was unannounced. A second day of inspection took place on 12 October 2016 and was announced. The service was last inspected on July 2013 and met the regulations we inspected against at that time.

Housing & Care 21 – Badminton Gardens provides an 'extra care' service to people living in their own flats. There were 63 flats. Extra care housing supports people to live as independently as possible, with the reassurance of onsite care support when needed. At the time of the inspection the service was supporting 28 people with personal care. Not everyone living at Badminton Gardens required assistance with personal care, some had support with domestic duties such as cleaning and shopping. This did not fall within the scope of registration with the Care Quality Commission.

The building was owned by a social landlord and the care and support was provided by Housing & Care 21.The accommodation did not fall within the scope of registration with the Care Quality Commission.

The service had a manager who had been in post since the end of July 2016. They had submitted an application to be registered with the Care Quality Commission. 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.

Staff had a good understanding of safeguarding and knew what to do if they were concerned about the welfare of people or an allegation of abuse had been made. Any safeguarding concerns were investigated with the outcomes fed back and practices changed if necessary in order to prevent reoccurrences. People had risk assessments to keep them safe whilst receiving personal care. This included environmental risk assessments. People told us they felt safe whilst being supported by staff.

Medicines were managed safely with people receiving their medicines appropriately. All records were complete and up to date with regular medicine audits being carried out. Where errors had taken place, appropriate action had been taken to protect people, including additional training and observations of staff practice.

Staff were recruited in a safe and consistent manner. There was sufficient staff to meet people's individual needs. People told us staff turned up on time and stayed for the full duration of the visit.
People told us they would like to know the name of the staff in advance. The manager was going to explore how this could be done with the provider.

People had access to a range of health professionals when required. Some people looked after their own health care appointments. People's nutritional needs were being met and where there were risks additional monitoring was in place which included liaising with the person's GP and family.

People had their needs assessed and clear plans of care were in place about how the person wanted to be supported. Care plans were personalised and up to date. These had been kept under review. People were very much involved in their care. There was an emphasis on encouraging people to be independent as possible enabling them to live independently in their own flats.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles and the people they supported. Systems were in place to ensure open communication including team meetings and one to one meetings with their manager. Staff were committed to providing a service that was tailored to each person they supported. People were complimentary about the staff.

People told us they knew how to make a complaint and would feel comfortable in doing so. They confirmed they had no complaints about the care they received.

People were provided with a safe, effective, caring and responsive service that was well led. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service. This included seeking the views of the people they supported.

## 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 safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe. Recruitment procedures were robust to ensure people were supported by staff that had the right skills and were suitable to work in care.

There were sufficient staff to meet people's needs. Visits to people were planned and carried out in accordance with people's assessed and planned needs. Staff were always available in the event of an emergency.

Medicines were well managed with people receiving their medicines as prescribed. Risks were clearly identified and monitored to ensure people were safe enabling them to live independently in their own homes.

People were protected against the risks in respect of cross infection.

### Is the service effective?

Good

The service was effective.

People received an effective service because staff provided support which met their individual needs. Care was tailored to the person.

People's nutritional needs were being met. People had access to health care professionals and were supported by staff to make appointments where necessary.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles.

### Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect. Staff ensured that people's privacy was promoted.
Care was personalised and took into consideration the aspirations and wishes of people who used the service. People were encouraged to be as independent as possible enabling them to live in their own home. Staff were mindful that they were visiting people's own homes.

The service sought people's views and people were involved in decisions regarding their care and support.

## Is the service responsive?

Good

The service was responsive.

People were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans enabling them to live independently in their own flats.

People told us they knew how to raise concerns if they were unhappy but had no complaints about the care they received.

## Is the service well-led?

Good

The service was well led.

Staff felt very supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way. There was a manager in post who had submitted an application to register as the manager with the Care Quality Commission.

People, their relatives and staff spoke positively about the leadership of the service and felt listened too.

The quality of the service was regularly reviewed by the provider/ manager and staff.

# Housing & Care 21 - Badminton Gardens

**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 was 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 11 October 2016 and was unannounced. The second day of inspection took place on 12 October 2016 and this was announced. One adult social care inspector carried out the inspection.

Before the inspection, we asked the provider to 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We also spoke with the local authority commissioners for the service. We spoke with five people who used the service and three relatives. We also spoke with the manager, the care team leader and five care staff. Their comments are included in the main body of our report.

We looked at the care records for five people who used the service and other associated documentation. We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff and recruitment records for three staff.

Good

# Is the service safe?

## Our findings

People told us they felt safe and secure when staff were providing care. People had access to a pendant which they could either wear around their neck or on their wrist which enabled them to alert staff if there was an emergency. Nominated staff had a telephone device that received the alert. People confirmed when they had raised an alert through their pendant, the staff had responded promptly to assist them. There was also an intercom in people's flats that linked with the telephone device. This would alert staff and enable them to speak with the person to ascertain if there were any concerns and to offer assistance where required. One person told us prior to moving to Badminton Gardens they had a number of falls and now felt very safe knowing there was a staff member in the housing complex for seven days a week throughout the day and night, in the event of an emergency.

People told us the staff always arrived on time. One person said on the rare occasions when staff were late it was usually because they were dealing with an emergency. Everyone we spoke with said staff stayed the full allocated time. One person told us when staff were completing a 15 minute welfare check, staff sometimes gave the impression they were rushed. A member of staff said when completing the 15 minute check there was sufficient time to complete the support, but they would have liked to spend a longer time chatting with people. The manager said this was what the local authority had commissioned for the person. However, this was kept under review to ensure people's needs could be met within the required timescale. A recent example was given where the time was increased as a person required more support with breakfast and assisting the person with the application of their creams.

People were cared for by suitable numbers of staff. Staffing was planned in conjunction with the local placing authority and local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs. A commissioner is a person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioners are the people who pay for the service, but not always.

There were usually seven staff working in the morning, six in the afternoon/evening and two staff working at night. The manager was able to demonstrate how the staffing was kept under review to meet people's ongoing and changing needs. Where two staff were required to assist people with moving and handling this was built into the rota. Rotas were planned on a two week rotational basis.

Some people required assistance with their medicines. This was clearly recorded in the person's care plan along with a risk assessment and consent form in relation to the staff assistance in this area. Medicine administration records (MAR) had been completed appropriately to show where people had taken medicines or declined them.

There had been five medication errors in the last twelve months. These had been investigated and followed up with the staff involved. Appropriate action had been taken including contacting the GP or the 111 service at the time of the error. Weekly checks were completed on the medicine administration records to ensure

these had been signed and that there were no errors in recording. During a recent team meeting, staff had been reminded of the importance of recording and they had been signposted to the medicines administration policy. Staff had received training in the safe administration of medicines and their competence checked every three months.

People told us staff delivered care in accordance with their care plans and this included shopping trips. Staff confirmed they undertook shopping for people who used the service and told us of the safeguards that were in place. Records were completed of all financial transactions which were signed by the person and the staff member. These were checked regularly by the manager and the care team leader. Financial risk assessments were in place when needed. For example, some people's support plans included information about their vulnerability to financial abuse and the measures needed to safeguard their finances.

Risk assessments were in place to keep people safe. Staff described how they kept people safe without restricting them and allowed them to have control over their life. Each person had clear risk assessments that described their support needs and staffing that should be in place. There was a lone working policy for staff

Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, any injuries and the immediate actions or treatment. The records were checked by the manager after the accident or incident who then assessed if any investigation was required and who needed to be notified. The reports included what action had been taken to address any further risks to people. Records confirmed that information was shared with the person's relative where relevant.

Staff confirmed they knew what to do in the event of an allegation of abuse being made. All staff completed safeguarding training annually which included completing a knowledge test. Staff were aware of the reporting process for allegations of abuse. There were policies and procedures to guide the staff on what to do if an allegation of abuse was made. There was also the local authorities contact details on the notice board outside the office. The manager had raised alerts promptly and put in suitable safeguards to protect people.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy. People and relatives we spoke with confirmed staff used gloves and aprons appropriately and carried hand gel.

The building complex was managed separately to the care provider Housing & Care 21. People had a tenancy agreement for their accommodation. Each person had their own flat, with their own front door. Cleaning staff were employed by the social landlord to clean the communal areas. People told us the complex was always clean and well maintained. Housing & Care 21 along with the housing manager completed light domestic chores throughout the day if required in the main building as the cleaning staff worked early in the morning. One person told us about a recent outburst of Noro-virus and the staff were proactively cleaning door handles and handrails. They praised the staff on the management of this.

There were safe recruitment and selection processes in place to protect people receiving a service. We looked at three staff files to check the appropriate checks had been carried out before they worked with people. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Staff completed a knowledge test as part of the interview process to ensure they had the competence to complete the role.

Good

# Is the service effective?

## Our findings

People spoke very positively about the staff that were supporting them. Comments included, "They are all really good, even the young ones", "I would prefer an older carer but actually they are all really good" and "you cannot fault the care here, it is just what I need so I can live here in my flat". People told us they were happy with the care as it meant they could continue to live independently in their own flats.

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.

We checked whether the service was working within the principles of the MCA. The manager and the care team leader had completed training in the Mental Capacity Act 2005 and understood the importance of this legislation in protecting people who lacked capacity. Other staff we spoke with had a basic understanding of people's rights to make decisions for themselves and the role of their relatives or other professionals if they were unable to do so. Staff told us they would speak with a senior member of staff or the manager if there were any concerns about the person's ability to make a decision. Care plans contained assessments of people's capacity where required. We found where people did not have the capacity to consent to or make decisions about their own care, decisions were made in line with the MCA and were made in people's best interests.

People told us that staff asked for their consent on each occasion they visited them. One person said, "The girls always ask me what help I need". Staff told us they always asked people before they commenced any care or support to ensure they were happy before proceeding. They felt it was important to ask people first so they were able to ensure people were consenting with the support offered to them. People had signed an agreement for staff to support them with their personal care and to assist them with their medicines and this was kept within their care plans.

There was a communal dining facility that some people choose to use at lunchtime. These meals were provided at an additional cost (payable to the council) which people could choose if they did not want to prepare food in their own flats. Some people had their meals delivered from the dining area to their flat. People confirmed they had support with preparing meals where required. Care plans included the support people required. Where people were at risk of malnutrition this was monitored and advice taken from professionals. Food and fluid charts were put in place to enable staff to monitor this. These lacked precise information on what was eaten for example 'ate all lunch' or 'nothing left from this morning'. The manager put a message in the communication book for this to be rectified for this person and aid improvement in the monitoring.

Some people were able to manage their own health care, and for others their relatives supported them with this. For example, accessing the doctor's surgery, the dentist or attending outpatient appointments. Staff

told us if people needed help to make contact with their GP they would provide this. Staff were concerned about a person during the inspection. Staff working in the office were seen arranging an appointment for the person to see their GP as they were complaining of a sore throat and feeling under the weather. Staff were also liaising with family and the local GP surgery where there were concerns about the person's eating and drinking. The manager told us they were monitoring this person because the staff had noticed they were coughing when eating. They recognised there was a risk this person could choke. In response the length of the lunchtime visit had been increased to ensure the person was safe. Contact had been made with the GP and a referral made for the speech and language therapist to complete an eating and drinking assessment. This showed the agency had systems in place to ensure people received appropriate healthcare when required and where their needs had changed.

People told us the staff were excellent in responding to emergencies such as a fall. Falls risk assessments were in place where relevant. The manager told us where a person had fallen on three occasions they would liaise with the GP to arrange for them to attend the falls clinic. One relative said, "The staff were excellent, when my husband had a recent fall, they stayed with us and rang the emergency services". Staff also told us they monitored people's wellbeing in respect of urine and chest infections and would liaise with the GP or their relative.

Staff were positive about the training and support they received. Staff who recently been recruited told us their induction was good and prepared them well for their role. New staff were given the opportunity to shadow more experienced members of staff. This enabled them to understand the role before beginning to work alone. As part of the induction staff were expected to complete the Care Certificate. The Care Certificate is an induction programme for care staff, which was introduced in April 2015 for all care providers.

All staff felt confident about requesting extra support if they felt they needed it. Comments included "the training is really good here, all the staff and the management are really supportive", "I was new to care and the training equipped me for the role", and "training is refreshed all the time". Staff spoke positively about the new on line training enabling them to complete training at times that was convenient to them. Staff told us they could log on during their free time at work or in the comfort of their home to complete the training they needed.

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, with targets for improvement agreed with staff. In addition spot checks were completed where a senior manager would observe the practice of the member of staff. A member of staff told us they had found this really useful. They told us they had been praised for the support they had given to the person, which they found really positive. They said they were sure if there were any concerns about how they were working the management team would address this immediately, fairly and appropriately.

Good

# Is the service caring?

## Our findings

People and their relatives told us the staff were caring and kind. One person said, "They are all lovely, cannot fault them", another person said, "All the staff are good, but there are some that are excellent you can tell the difference when someone wants to be there, and others that are there for the money, but on the whole cannot fault the staff". One person said, "I really look forward to my visits, they (the staff) are like my friends and will sit and chat with me". Another person said, "There was a member of staff that was more keen to talk about themselves and their problems, but that is rare and generally the staff are really good". The manager was aware of this and had worked with all staff about professional boundaries and their role in supporting people. There was an organisational policy on professional boundaries and the code of practice for care staff.

People told us their privacy was respected and their dignity was promoted by the care staff. People gave us examples of how staff promoted privacy and dignity. They told us how staff knocked and called out before entering flats and how they were supported to shower in a dignified way. One person told us when they were assisted with personal care, the staff always allowed them some private time and remained outside the bathroom. Relatives confirmed the staff were always polite and respectful to people.

Staff we spoke with understood the importance of protecting and promoting people's privacy and dignity. One staff member said, "It's their home and this should be respected, I always ring the door bell and ask for permission before entering". Staff also described how they involved people in making decisions about their care and treatment when they visited and they never assumed what the person wanted doing. People told us the care staff always asked if there was anything else they needed doing such as emptying bins or offering to make a drink for them. People told us when staff assisted them in their bathroom or in the kitchen they always ensured it was tidy before they left. This showed staff were respectful of people's property

One person suggested that it would be helpful if care staff called out their name when entering their flat or, alternatively, if a more easily read name badge could be worn (for example, a badge worn on the tunic at chest height). They told us some care staff wore a pendant identity badge around their neck but it was not always easy to see the name on it. They told us they found this embarrassing if they were not aware of the staff member's name especially if they had only visited them on a few occasions. However, this person told us, "On the whole, I am very pleased with the service provided". This was echoed by a visiting relative, "I am confident that my mother is receiving the best possible care she needs".

Staff told us people received the care they required at the time that suited them. This was confirmed in conversations with people. People were asked what time they would like to be supported with their personal care before they started receiving a service. Staff told us some people liked to be assisted early in the morning before 0700 hours and others liked to be assisted to bed after 22:00 hours and people's preferences were generally accommodated. Staff told us this was kept under review and people could always make changes to the times in consultation with the management of the service. The visit times and frequency were clearly recorded in people's care plans.

People spoke to us about how staff promoted their independence. One person told us, "They stay with me while I shower as I am worried about falling but they let me do most of it for myself". Another person told us how important it was for them to maintain their independence enabling them to live in their own flat. They said, "They never felt like the staff were taking over". One staff member said, "If someone is able to do something it is important for them to continue". Care plans reflected what people could do for themselves and where they needed support. Staff and people told us this may change for some people on a daily basis. For example, if someone was in pain or due to their dementia they may require additional assistance or more time. Staff said it was always important to encourage people to be independent where they were able to do things for themselves.

People had the opportunity to express their views in a number of ways. Care packages were reviewed regularly and people were given the opportunity to express their opinions about the support they received. Family members were also involved in care reviews where appropriate, and expressed their views and concerns. This was recorded in the care review documentation.

Surveys were also used as a means of gathering people's opinions. The manager told us they were in the process of sending these out. We had an opportunity to view 28 that had been returned. These were positive and reflected that people were satisfied with the service they received.

The manager told us that if a person was at the end of life stage then staff would support the person and the family. Staff would work closely with the GP and the palliative care team to meet the person's needs. 'Extra care' services was not necessary a home for life. Where people's needs had changed and they required nursing care then other options had been considered such as a nursing home.

The provider told us in their Provider Information Return that although many staff had received training in end of life care, this was an area that still could be improved. This would ensure staff had a greater understanding of the needs of people requiring end of life care and be able to support family members they may come into contact with at the time. We were told the manager would be attending training to enable them to cascade this to the care staff.

There were various leaflets for people to access. This included access to advocacy services, support with benefits and information from age concern.

Good

# Is the service responsive?

## Our findings

People told us they were receiving a service that was responsive to their needs. People told us the staff always completed what was in their care plan and before they left always asked if there was anything else they needed doing. People told us the staff always stayed the full time and visits were never missed. One person told us the staff would spend time chatting with them if there was nothing left for them to do which they said they really looked forward too.

The manager told us either they, or the care team leader would assess people prior to a service being agreed. This included speaking with the person to find out what their wishes were, along with talking with relatives and other professionals involved in the care of the person. Care plans were obtained from social workers and other commissioners of the service. These clearly described the individual support package in relation to how a person wanted to be supported, the hours required and the frequency. This was then transferred to the organisation's care planning documentation. The registered manager told us they would not agree to support people unless there were sufficient numbers of staff to respond to the person's care needs. This included any training required to support the person safely enabling them to respond effectively to meeting their needs.

The assessment also included gathering information about people's communication needs, finances, daily living skills, medicines and the person's social interests and aspirations. For example, one person's aspiration was to continue to live independently. The assessment also included details of people's likes and dislikes and life histories and who was important to the person.

Assessments were completed in conjunction with the social landlord. The manager said there was a good working relationship with the housing manager of Badminton Gardens who was responsible for the accommodation and any tenancy issues. This meant these were resolved separately from the care and support provided by Housing & Care 21.

People were reassessed after a hospital stay. This ensured the service could continue to meet the person's needs effectively. One person told us they received some of their service from another agency because their needs had increased and they required more visits throughout the day. The manager told us they worked closely with the other agency who would report any changes to the main office. They told us they were happy to return back to the flat and with the arrangements in place. The care was co-ordinated so the other agency and staff from Housing & Care 21 did not overlap.

People had a file in their own home containing information about the agency, their care plan and any associated risk assessments. There was also an office file containing the same information. Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we reviewed were up to date and reflected the needs of each individual person. People told us they had been involved in the planning of their care. Care records showed people and their relatives were involved in care plan reviews as well as their social worker and staff from the agency. There was a tracker in place to ensure care reviews were completed annually. One person's was due in May 2016, the manager told us they were waiting for a

further date from the person's relative who was very involved in the care as they had been unwell when this had been arranged. This showed the staff were being proactive in keeping the care plans under review and involving the appropriate people.

People told us the staff were excellent in responding to emergencies. One relative said, "The staff were excellent, when my partner was not well, they stayed with us and rang the emergency services". They also said the staff had recently supported them when they were unwell. They told us, "It is very good here, the staff will arrange for a GP or an ambulance, it's much better than when we were at home". They said that the response times were certainly better in respect of accessing medical support. They told us they found this very reassuring.

People were seen visiting the office to discuss changes to their care packages such as arranging alternative times due to social outings, GP or dental appointments. Staff were accommodating and responded appropriately to these requests. It was evident where possible, people were provided with a flexible and responsive package of care. People told us that when they were unwell, staff would check on them periodically throughout the day. The manager told us when staff had free time some welfare checks were completed if people were known to be unwell. There were three levels of banding for care and there was some scope for the manager to increase hours if required. Where the person went from a low to medium or medium to high banding then a reassessment was required involving the person's social worker.

People we spoke with confirmed staff completed all the care and support they required. They told us the staff always ask if there was anything else they needed to be done before leaving. Comments included, "The staff are really good they always ask before they assist me, and offer to make me a cup of coffee or taken the bins out before they leave", another person said, "Sometimes my wife is showering when they arrive, so they will go and come back at a later time, they are flexible".

Three people told us they would like to know who was supporting them on a daily basis. The manager told us the organisation had recently changed the rota system and people were not usually told in advance the name of staff that would be supporting them. The manager said they were part of a working group to improve the system and would provide feedback to Housing and Care 21. The manager told us the new rota system had been introduced in August 2016. Whilst they said it was effective in workforce planning. There was scope for improvement to ensure consistent care staff were allocated to people and to pull out data that could be shared with people. This would enable them to tell people who was visiting them on a daily basis. One person told us, "It was not complicated; you can roughly work out who was visiting us over a two week period". Staff told us they usually had between eight or ten people to support them depending on the shift they were working. They told us there was usually sufficient time to support people without feeling rushed.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed where relevant. Staff told us they were able to read people's care plans before their planned visit as there was a copy held in the office or there was a copy in people's flats if required. Throughout the inspection staff were observed sharing important information about the people that they had either visited or were planning to visit. Staff also completed a daily record of care delivery. Where people were able to, they had countersigned this alongside the staff to agree that what was written was a true reflection of the visit. The daily record included the start and end time of the visit, the name of the staff responsible for the visit and what care and support was given. The records were clear and reflected what was detailed in the person's care plan.

People had a keyworker. A key worker is a named member of staff that was responsible for ensuring

people's care needs were met. This included reviewing care documentation and spending time with the person to ensure the care was suitable. People confirmed they knew who their key worker was.

People told us there was a real community feeling at Badminton Gardens. There were activities taking place on a regular basis that people could choose to participate in if they wanted to. These were either arranged by the staff from Housing & Care 21 or the tenants themselves. Activities included bingo, coffee mornings, trips to places of interest and musical events. Staff confirmed where people needed assistance to access the activities this was supported. There was also a hairdresser on site for people to access if they wanted.

People we spoke with said they knew how to complain. People spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints within clear timescales. Information about how to raise a concern or make a compliment was included in the care file kept in each person's flat. This included the contact details for the registered provider. Where complaints had been made we saw clear outcomes were recorded to ensure improvement of the service. These had been fully investigated with feedback given to the complainant.

There were regular meetings with people and these were organised by the social landlord. The manager told us they were considering organising one specifically about the care and support, but was confident that the housing manager would share any concerns that had been raised in relation to the support from the staff working for Housing & Care 21.

Good

# Is the service well-led?

## Our findings

There was a manager in post at the time of the inspection. They had submitted an application to the Care Quality Commission in respect of being registered with us and were waiting for their fit person interview. They commenced in post at the end of July 2016. During this period they were also supporting another Housing and Care 21 'extra care' service on the outskirts of Bristol until the end of August 2016. The manager had worked for Housing and Care 21 for five years first as a member of the care team working her way up to a care team leader. The manager was supported by a care team leader, three senior care staff and 27 care staff.

The manager was part of a number of networks that they told us were very useful in keeping themselves and staff up to date. This included a forum for registered managers, a positive and a care provider forum organised by the local Council. They were also in the process of completing a Diploma in leadership.

People, relatives and staff spoke positively about the management of the service. Staff told us the manager and the office staff were very supportive. There was an open door policy for staff, people who use the service and their relatives. People were frequently coming into speak with either the manager, the care team leader or the senior staff. People knew who the manager was, and told us they would have no hesitation in going to her with any concerns or suggestions. Staff told us the manager was supportive, approachable and fair in her approach. People who used the service and staff told us they would recommend the service to others. One person told us, "The service deserves a gold star".

The office was open plan with the manager working alongside the care team leader and the senior care staff. There was a professional atmosphere that was calm and friendly. The management team were knowledgeable about the people they were supporting. In addition to the open office there was a meeting room that could be used to enable private and confidential matters to be discussed. When there were no staff in the office it was securely locked and access was via a key code. All staff had access to the office at all times to enable them access to care records, IT equipment, telephones and the policies and procedures. Records were held securely in locked cabinets.

Staff told us they had regular meetings where they had the opportunity to give their views about the service. During the inspection we viewed minutes from staff meetings. We saw areas discussed included changes in procedures, records, expectations of the care staff and any issues with the service.

There were various checks completed by the manager and the staff. This included checks on care records, daily records, training, supervision, medicines, health and safety, recruitment information and moving and handling equipment. A tracker was in place that could be shared with the senior management team. In addition a senior manager visited the service every six weeks to meet with the manager and check on the quality of the service.

The provider's internal audit was undertaken yearly to check the manager had completed quality checks required by the provider. This was completed by the Housing & Care 21 internal audit team. These linked

with the way the CQC inspected services looking at whether the service was safe, effective, caring, responsive and well led. This had been completed in September 2016 and the service had been awarded a rating of good. This meant the service was complaint with quality processes and internal policies and procedures. There were six recommendations and the manager showed us the action they had taken to address these, such as reviewing the quality of supervisions. The manager now signs off all supervisions. There was a section for the manager to record any action required or any areas to follow up. All of the six recommendations had been actioned.

People and their relative's views were sought through a quarterly survey. People had expressed a high level of satisfaction with the care and support that was in place. The registered manager told us they were in the process of re-sending out surveys for people and their relatives and this would be collated to look for any areas of improvement.

In addition the head office sent out an annual survey which enabled them to look at the wider picture and enable them to make comparisons of other services of a similar nature. The results of the survey conducted in November 2015 showed that overall there had been a slight increase on the score from the previous year from 93% to 96% being satisfied with their care at Badminton Gardens. No one was dissatisfied with their care and support. The National picture showed 91% were overall satisfied with their care and support. This had last been completed in November 2015 and the manager said these would be sent out again in November 2016.

Comments from people and their relatives included, "Very satisfied", "Knowing that if I need help, it is always there", "Company at all times, friendly staff", and "mum is safe". There were also suggestions for improvement such as 'knowing who my carer was for the week in advance', 'having access to a telephone number for out of hours' and 'putting fresh water out during the morning call'. We discussed some of these with the manager such as access to an out of hours telephone number for relatives. The manager told us there was an answer machine which staff can access when the office was not staffed and staff were expected to check this frequently throughout the evening. A relative confirmed they had recently used this and staff had got back to them quite quickly. In relation to people knowing the name of the care staff prior to them visiting, the manager was going to feed this back to a working party on rota planning they were involved in.

A relative sought out the manager as they were concerned about what they had read in a National newspaper a statement about care delivered by Housing & Care 21. The manager responded appropriately providing them with the assurances they needed. They said they would send out a newsletter to all occupants of Badminton Gardens to provide reassurance and alleviate any fears as the information published did not affect the care provision such as 'extra care' but the home care service. It was evident the manager was being kept up to date about the wider picture of the organisation.

Whilst the staff were responsive to people's changing needs the manager told us this had to be monitored with regular reports on care hours being submitted to the local council. This ensured people received the hours of support they were entitled to and where needs had changed these could be highlighted to the funding authority. We spoke to commissioners of the service who said they had no concerns in respect of the management and care delivery. They were monitoring the medicine errors as they had been reported to them. They confirmed regular meetings were organised with the manager to discuss the quality of the service from a commissioning point of view.

On occasions some people had not understood the care package arrangements and used their pendants to summon assistance from staff for support outside of their agreed care hours or was not an emergency. The

manager told us on occasions they had to explain that this was not a residential care home and their call bells were for emergencies only. The manager told us the emphasis was on maintaining independence to enable people to live in their own flats with support. This was echoed by the staff and the people using the service who described what extra care meant for them. It was evident from talking with staff the philosophy of the service was very much about supporting people to continue to live independently in their own flats.

The service had policies and procedures in place which covered all aspects relevant to operating a care service including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us, policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. Staff were expected to sign when they had read the policy.

An open and transparent culture was promoted. Complaints showed that where things had gone wrong, the organisation acknowledged these and put things right. For example, making sure people or their relatives had given feedback about their complaints including an apology. One person who had recently fallen within the building complex requested a copy of their accident report. The staff in the office responded appropriately and a copy was shared with the person. Staff were openly discussing the accident with the general view that this had been unpreventable.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the well-being of a person or affected the whole service. There was a lessons learnt log which included any accidents, incidents or complaints. The manager told us this had been introduced in September 2016 in response to the internal quality audit. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

The organisation had a 'Duty of Candour' policy which clearly described the staff's responsibility in being open and transparent and informing appropriate people when an accident or incident had occurred. This had been recently discussed at a team meeting. Staff had signed to confirm they had read and understood the policy.