

Leeds City Council

Cardinal Court Extra Care Sheltered Housing

Inspection report

Cardinal Walk
Beeston
Leeds
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Website:

Date of inspection visit: 15 October 2015
Date of publication: 11/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 15 October 2015 and was announced. We carried out an inspection in April 2013, where we found the provider was meeting all the regulations we inspected.

Cardinal Court is an Extra Care housing service with on-site domiciliary support for people who have physical and/or mental health difficulties. The service comprises of 18 individual flats.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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.

Summary of findings

People's care and support needs were assessed and care and support plans identified how care and support should be delivered. People we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices.

People who used the service told us they felt safe with the staff and the care and support they were provided with.

We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005.

We found people were cared for, or supported by, appropriately trained staff. Staff received support to help them understand how to deliver appropriate care. People told us they got the support they needed with meals and healthcare. We saw arrangements for medication were safe.

Systems were in place to monitor the quality and safety of service provision and we found there were appropriate systems in place for the management of complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed and managed to ensure people's safety.

There were enough skilled and experienced staff to support people and meet their needs. We saw the recruitment process for staff was robust.

We found there were appropriate arrangements for the safe handling of medicines.

Good



Is the service effective?

The service was effective in meeting people's needs.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely.

People consented to their care and support. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

People's nutritional and healthcare needs were met.

Good



Is the service caring?

The service was caring.

People were very happy with the care and support provided to them. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff knew the people they were supporting well and were confident people received good care and their individual needs were met well.

Good



Is the service responsive?

The service was responsive to people's needs.

People's needs were assessed before they began to use the service and person centred care and support plans were developed from this information.

A programme of community and service led activity was available to people.

People were given information on how to make a complaint.

Good



Is the service well-led?

The service was well led.

The management team were familiar with people's individual care and support needs and knew people who used the service and staff very well.

There were effective systems in place to monitor and improve the quality of the service provided. There were systems in place which allowed people who used the service to provide feedback on the service provision.

Good



Cardinal Court Extra Care Sheltered Housing

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection team consisted of one adult social care inspector, a specialist advisor in governance and an expert-by-experience who had experience of people who used a domiciliary care service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 17 people receiving personal care from Cardinal Court Extra Care sheltered housing. We spoke with 7 people who used the service, four staff, the assistant manager and the registered manager. We visited the provider's office and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at three people's care and support plans.

We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People told us they felt safe in the company of the staff employed by the service. One person said, “I feel very safe here. I was burgled at my last home and this is much better.” Staff we spoke with had a good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse or if abuse had occurred. Staff had received training in safeguarding adults and the staff records we saw confirmed this.

Staff said they were able to raise any concerns with the assistant and/or the registered manager knowing they would be taken seriously. These safety measures meant the likelihood of abuse going unnoticed were reduced.

We looked at care and support plans and found risk assessments identified hazards that people might face. These included falls, leaving the premises, fire and kitchen equipment. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service.

We saw people had personal emergency evacuation plans and staff had access to a quick reference sheet which identified individual moving and handling needs should the building need to be evacuated in an emergency. We saw there were several health and safety checks carried out, which included trespassers, moving and handling, using chemicals and hazardous substances, falls and fire. There were up-to-date records of fire safety which included weekly tests, monthly risk assessments, incidents and evacuation plans.

There were sufficient numbers of staff available to keep people safe. We spoke with the assistant manager who told us staffing levels were determined by the number of people and their care and support needs. Staff we spoke with told us they had been allocated enough time to complete each call. One staff member said, “There is always enough staff.” Another staff member told us, “There is generally enough staff.” The assistant manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff

were off sick or on leave, existing staff worked additional hours which, ensured there was continuity in service and maintained the care, support and welfare needs of the people who used the service. People received support from a consistent team of staff who knew people’s routines and preferences.

The service had a 24 hour, seven days a week on call system, and staff were available in the main building at all times if people needed support. There was a manager on call seven days a week for support if needed.

The service operated a robust recruitment and selection process. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff files we looked at included written references that had been obtained prior to staff commencing work. One staff member told us, “The interview was informal but professional.” The staff team was a consistent group who told us they worked well together and enjoyed their jobs. They said the service ran in such a way they could get to know everyone, resulting in the care being appropriate; in line with people’s individual needs and safely delivered.

People we spoke with confirmed they had regular and reliable staff and knew the times of their visits and were kept informed of any changes. They told us staff visited them up to four times a day and they were always on call through the pendant call system in the event of an emergency.

We saw people’s medication was stored in their own rooms in a locked cabinet. Staff used a medication administration record to support the administration of medicines. One person we spoke with told us, “The carers give me my tablets with my breakfast.”

People who used the service told us they felt well supported with their medicines. The majority of people’s medication was pre dispensed from the local pharmacist, which minimised the risk of errors being made. The service completed a medication assistance screening tool to establish the support people needed with their medication. We reviewed the medication administration records for two people who used the service. These were completed correctly and were audited by the service once a month.

Is the service safe?

Medication training provided included a competency check, which all staff had to achieve before they were allowed to prompt, assist with or give medication.

Is the service effective?

Our findings

Staff we spoke with said they had regular supervision and appraisal which gave them an opportunity to discuss their roles and options for development. We looked at staff records which confirmed staff had received supervision on a regular basis. The assistant manager told us staff received supervision and appraisal several times a year and this also included observational supervision. We saw the supervision matrix which showed up and coming dates for staff supervision to take place. We saw staff appraisal had recently included objectives to understand religious cultures and beliefs.

Staff we spoke with told us they were well supported by other staff members and the management team. They said they received training that equipped them to carry out their work effectively. Staff told us they had completed several training courses in 2014 and 2015, which included fire awareness, infection control and dementia awareness. We saw there were comprehensive training records in place which showed several training course had been completed by staff. For example, safeguarding, Deprivation of Liberty Safeguards, moving and handling and medication. We saw in the records of three members of staff that they had completed an advanced level of training in dementia awareness. We saw future training had been arranged for October and November 2015 and also for January and February 2016. Competency checks were carried out through direct observations. The training records showed evidence of continuing development and learning.

Staff undertook an induction programme, shadowed senior staff and attended all mandatory training before commencing work. Staff could also ask for additional support, or extra time shadowing experienced care staff if they felt they needed it.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. The assistant manager told us everyone who received a service had capacity to make decisions about their care and support. Members of staff and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. One staff member said, "People have rights and choice." Staff had access to policies and procedures. We saw staff gave an explanation to

people and waited for them to respond before they helped them to undertake care or support tasks. People told us they were supported to make their own decisions. People had signed documents within their care and support plan and these included the sharing of information within the care and support plan, agreement for a key safe to be in place, administration of medications and an acceptable behaviour statement. These showed the person agreed with the care and support package provided. We also saw a key worker monthly checklist was signed by people who used the service.

People we spoke with told us they were happy with the levels of support given to them in regard to food and drink.

People, where appropriate, were assisted to maintain their nutritional and fluid intake and support was provided if needed at mealtimes. Staff told us they would prepare meals for some people and this would be from items already purchased or ready meals. They also said some people had 'meals on wheels' or cooked for themselves. They said others, such as family members were also involved with these aspects of care, for example, shopping. Sometimes people did their own shopping or would write a list of items they needed with staff and staff would do the shopping. One staff member said, "People generally have a balanced and varied diet." Another staff member said, "People tend to eat healthily." A third staff member told us, "People choose the food they want to buy and they always have a choice about the meals they have on a daily basis." Staff were aware of people's specific dietary requirements. We saw information in people's care and support plans about their meals. This meant people's individual dietary needs and preferences were being planned for and met.

We found people who used the service or their relatives dealt with people's healthcare appointments, although staff told us they did sometimes arrange GP, dental or optician's appointments for people when needed. People said they went to see the optician and chiropodist if they needed to. One person told us, "I had physio the other day and had a hospital appointment yesterday." Another person told us, "My health has improved a lot since I have lived here. I feel much better." Staff members told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived. This ensured people who used the service received the health care support and checks they required.

Is the service effective?

We saw annual professionals feedback survey had been undertaken in 2015 and the service had been rated either

as 'excellent' or 'good.' Each person had a hospital passport that was used if they had to go to hospital. It gave information about each person's needs, likes and dislikes, as well as their medical history and allergies.

Is the service caring?

Our findings

People told us they were happy with the service they received and they received care from the same team of staff. People said they were very happy with all of the staff and got on well with them, they were very complimentary about the staff. Comments included, “I am very happy here”, “I’m quite happy now I have got used to it”, “It’s smashing here” and “I like it because there are people to fall back on.”

We observed staff greeted people, asked how they were and took time to listen to what people said. We saw people responded to this by talking with staff and having confidence to inform them of their needs. During the day we heard staff speaking with people in a respectful and polite way.

We were given a specific example of where one person’s quality of life had benefitted from being in the service. People we spoke told us, “The staff are brilliant, they can’t do enough for you”, “I could not wish for better carers”, “They are wonderful and we always have a giggle”, “They are very good with me” and “They are there if I need them.”

Caring and positive relationships were developed with people. People told us they had been asked what care and support they needed, how this should be provided and they felt that they had been listened to. Staff told us how they knew individual needs of the person they were supporting. They told us they looked at people’s care and support plans and these contained detailed information about people’s care and support needs. This also included ‘this is me’ document which provided information on things that made people happy, what was important, childhood memories and things that people did not like. They also always asked people how they liked things to be done.

Staff we spoke with clearly demonstrated they knew people’s needs well and they had good relationships with

people. Staff spoke enthusiastically and with warmth about wanting to provide good care and support for people and they enjoyed working for the service. One staff member told us, “Without a shadow of a doubt people are really well looked after.” Another staff member told us they would be happy for the service to look after one of their relatives.

Because staff were on duty at all times, support was not restricted to specific hours. This meant in practice, staff were available to spend time with the people following the support and care given. Staff were not rushed and always had time to get to know people well. This allowed them to focus on people’s well-being and practical care needs. They only provided support to people on site; therefore there was no travelling between support visits meaning delays were rare.

Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice by ensuring toilet and bathroom doors were closed, using a towel to cover people when providing personal care and knocking on people’s front doors and waiting for a response before entering. We saw staff got down to the same level as people when speaking with them so they could hear what was being said. We saw people understood and responded by communicating back to staff.

Care and support plans we looked at highlighted where possible staff should encourage people to be as independent as possible regarding daily living tasks. During our inspection we saw people going out of the complex independently. Care and support plans were stored securely. Information was kept confidentially and there were policies and procedures to protect people’s confidentiality. One person told us, “I try to be as independent as possible so this is the ideal place to live.”

We saw there were no visiting restrictions and families could visit when they wanted to.

Is the service responsive?

Our findings

Before people started using the service, discussions were held on how the service could meet their care needs, wishes and expectations. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. We found care and support plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. Care and support plans contained details of people's routines and information about people's health and support needs.

Staff told us people's care and support plans were kept in people's own flats, up-to-date and gave them the information they needed. If there were any changes the assistant manager would inform them with any updates. We saw staff had a communication book to inform each staff shift of the care provided, and had a handover between staff shifts to ensure care staff remained up-to-date with people's care needs and of the care which had been provided. They told us this worked well and was informative.

People told us they had been involved in developing their care plans and in any review. They felt that they had been listened to and their needs were a priority. All said that the care plans met their current needs and that if any adjustments were made then they were involved in that review.

The assistant manager and staff spoke about the importance of people maintaining links with their communities. We saw the service had developed links with local community groups to reduce the risk of social

isolation. We saw there were several resource guides available which detailed different community activities. These included community meals, clubs, knit and natter afternoons, exercise and activity groups and craft groups. The assistant manager told us they arranged activities in the communal areas of the service which included fish and chip teas, coffee mornings and games nights. One person told us, "We have a jive and have a party when it is someone's birthday." People from the adjoining sheltered accommodation also joined in the events. We were told some people attended day centres or college several times per week. People we spoke with told us they were happy with the level of activity and were content in their own surroundings. We saw people were watching television, listening to music, painting or making jewellery.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the assistant manager. Where people had concerns they were made aware of how to access the complaints procedure. The information provided to people encouraged them to raise any concerns they may have. The assistant manager said people's complaints were fully investigated and resolved where possible to their satisfaction. People we spoke with said they knew what to do if they were unsatisfied about anything. One person said, "If I have any problems at all I go to [name of assistant manager]."

We looked at the complaints records and saw there was a well-established complaints procedure that was based on Leeds City Council's approach. All complaints were acknowledged and recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who was supported in their role by an assistant manager. We were told the assistant manager was on site on a full-time basis and the registered manager also visited the service frequently. Observations and discussions confirmed the management team had good knowledge of people who used the service, their families and their individual needs. We also saw staff attending the office appeared to have a relaxed and friendly relationship with all the management team.

There was a clear ethos of enabling people to live as independently as possible and giving people choice. People who used the service were very positive about the management of the service and complimentary about the service they were getting. Comments included: “[Name of assistant manager] is very good and will do anything for you”; “[Name of assistant manager] is very good, nothing is too much trouble” and “Nothing could be done better.”

Staff said they felt well supported in their role and spoke positively about the management arrangements and said they were very approachable and supportive. Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. One staff member said, “They always say if there are any changes, I have back up all the time. It is super I cannot knock this place.” Another member of staff said, “The management is better than it has been in the past. They listen and are approachable. I am a lot happier now.” A third staff member said, “I love working here and enjoy my job. I have massive support from the staff team and the manager. We look after each other.”

The assistant manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Most people we spoke with said they had received a survey asking their opinion of the service. We saw the surveys that had been returned in April 2015 showed all aspects of the service were assessed as either ‘excellent’ or ‘good’. Comments

included: “All staff are wonderful”, “Very friendly and ready to help”, “They all have a good attitude” and “I am always treated with respect.” We saw there were similar positive responses from a survey of relatives in November 2014.

Any accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. We were told incidents were reported openly, and we were given examples where the service had learned from incidents. For example, in July 2015, a visitor had called to the service at 01:00am. In response the service asked people to notify night staff if they were expecting visitors during the night time hours. There was an established whistle blowing policy in place, based on Leeds City Council’s arrangements.

We saw staff rotas were created on an electronic system and the staffing levels planned were delivered. The electronic staff rostering system matched staff with people’s care and support needs. There were effective arrangements for out-of-hours and on-call cover from a wider network of services run by Leeds City Council.

We saw risk assessments were discussed at team meetings and during supervision between managers and staff. These were also included in the staff communications log or handover. We saw a programme monthly audits were undertaken. These covered environmental, medication checks and safety checks. These were documented and signed off by the assistant manager to show they had been reviewed. People who used the service and relatives could see the checks that had been performed as they were recorded in each person’s care and support plan. This meant they could challenge the assessments if they disagreed with them.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service and share good practice. Staff told us there was an open door policy and they felt comfortable to approach any of the management team.

The service had effective and robust systems in place to audit the quality of the care and support they provided to people. Policies were up to date and based on good practice guidance.