

## Housing & Care 21

# Housing & Care 21 - Pantiles House

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 7 April 2016 and was unannounced. At our previous inspection in September 2014, we found the provider was meeting the regulations in relation to the outcomes we inspected. 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.

Pantiles House is registered to provide support for older people who require personal care and support in their own homes to enable them to retain their independence. The service is provided within an extra care housing scheme and some people receive domiciliary care support in their own flats from staff who are based in the same building. On the day of our visit there were 23 people receiving care and support.

People felt safe and were protected from abuse by staff that had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns to keep people safe.

Specific and general risks to people's safety had been assessed and were detailed clearly within their care plans. Staff used these to assist people to remain as independent as possible.

There were sufficient staff to support people in their own homes with their required care needs. Staff had been recruited using a robust recruitment process.

Safe systems and processes were in place to ensure that medicines were handled, administered and disposed of safely.

New staff received a robust induction to the service to help them prepare for their role and responsibilities. Staff were also provided with a variety of training, based upon people's needs, to help them to carry out their roles effectively. They had regular supervision meetings with the registered manager and annual appraisals to support them to meet people's needs.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected.

People's dietary requirements had been assessed. They were supported to make menu choices and encouraged to be independent in meal preparation if this was appropriate.

Appropriate action was taken in response to illness or changes in people's physical and mental health. When required, staff supported people to attend healthcare appointments, if they could not be supported by relatives.

Staff treated people courteously, with kindness and care, respecting their expressed wishes and preferences. They provided care and support based upon assessed needs and worked hard with people to maintain their privacy and dignity.

People were able to contribute to the assessment and planning of their care packages. Staff provided care and support based upon assessed needs.

People knew how to make a complaint if they needed to, and were confident that the service would listen to them. The registered manager investigated and responded to people's complaints in accordance with the provider's complaints procedure.

The registered manager consistently monitored and reviewed the quality of care people received. The service encouraged feedback from people and their representatives. This was then used to identify, plan and make improvements to the service.

## 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. Staff had received training in safeguarding adults and understood their responsibilities.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

Staffing arrangements meant there was sufficient staff to meet people's needs. The service recruited staff in a safe way and ensured that all relevant checks were completed prior to new staff being able to commence employment.

Safe systems and processes were in place for the administration of medicines.

### Is the service effective?

Good ●

The service was effective. People were supported by staff that had appropriate skills and had received relevant training to perform their role.

The service was meeting the requirements of the MCA 2005.

Staff were aware of their responsibilities to always seek consent where people were able to give it and act in a person's best interests when consent could not be established.

Staff provided people support with meals where required as an assessed part of their care package.

People's health needs were monitored closely and advice and up to date information from relevant healthcare professionals sought when needed.

### Is the service caring?

Good ●

The service was caring. People had good relationships with staff that were kind, caring and compassionate.

Staff had a good understanding of the people they were supporting. People were treated with respect and dignity.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

### Is the service responsive?

Good ●

The service was responsive. People's wishes were documented and they received their care in the way they preferred. Staff knew people well and understood their individual care and support needs.

There was an effective complaints policy and procedure in place that people knew about and felt confident that their concerns would be listened to.

### Is the service well-led?

Good ●

This service was well led. The service was led by a registered manager who had the vision and values that were shared by staff.

Staff said the management team had an open culture and were confident that their opinions were respected.

Systems were in place to ensure the service learnt from events such as accidents and incidents.

The registered manager and provider had put in place good quality assurance mechanisms and they recognised the importance of regularly monitoring the quality of the service provided to people.

# Housing & Care 21 - Pantiles House

## **Detailed findings**

### Background to this inspection

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

The inspection was unannounced and was carried out by one inspector. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law.

During the inspection we spoke with seven people who used the service, three relatives, three members of staff and the registered manager. We inspected four people's care records, four staff records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People said they felt safe and secure in their homes and also with the service provided to them. They told us they trusted the staff that supported them to protect them from harm. One person told us, "Yes I feel safe. The door entry system to the main building helps and staff can see everybody who enters the building." Another person said, "I do feel safe here. It is a secure building. I always make sure my front door is locked at night."

Staff said they worked hard to keep people safe both within the environment and with the care and support that they provided. They demonstrated a clear understanding of the signs of abuse they would look for, and explained the action they would take if they thought someone was at risk of abuse. One member of staff said, "I would ensure the person was safe from further harm and then I'd report any concerns I had to the manager." Another staff member told us, "We would make sure the person was alright, raise the concerns and document things within the notes." Staff told us they were confident any allegations would be fully investigated by the registered manager. The registered manager told us that it was the responsibility of all staff to report a safeguarding matter to them.

Staff were aware that the local authority safeguarding team were responsible for investigating all concerns. They also knew the Care Quality Commission (CQC) had to be informed. One staff member said, "It's our duty to keep people safe, no matter what." We found that staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. We also found that the registered manager had taken appropriate action in response to safeguarding concerns and investigations. Records detailed that the outcome of safeguarding concerns was communicated to all staff so that lessons could be learned.

Staff told us there were a variety of risk assessments used within the service. We were told that risk assessments were an important part of keeping people safe, and were reviewed on a regular basis to make sure they remained up to date. The registered manager told us that the risk assessments would vary depending upon what needs a person had. We found that risk assessments had been completed in areas including moving and handling, falls and the general environment. Information was detailed, up to date and reviewed regularly but more frequently when someone was new to the service or their needs had changed.

Staff told us they were aware of the service's whistle-blowing procedure and were able to tell us who they would escalate their concerns to. They said that they would not hesitate to use this process if they felt it appropriate. If staff were concerned about the registered manager's practice, they were aware of other avenues they could pursue to report their concerns. This meant that any incidents of poor practice would be reported by staff.

Accidents and incidents were recorded and monitored by the registered manager so that trends could be identified and further occurrences prevented. We saw records of these which were completed correctly in line with the provider's policies. Equipment used to assist people such as hoists were serviced regularly to ensure they were safe to be used.

We saw there was a thorough recruitment process in place for staff before they commenced employment. The registered manager explained the importance of using safe recruitment systems and told us that the provider had a good recruitment process because it wanted to make sure that their staff were safe to support people. Records were well organised and new staff had completed application forms, which included a full employment history. We saw interview questions and answers. Staff files included evidence of criminal record checks, proof of their identification and two employment references.

People told us they thought there were enough staff on duty. One person said, "They don't take long to come to me when I have called them." Another person told us, "I think there are plenty of staff here for those of us who need it." Staff told us they thought there were enough of them to safely support people to meet their assessed needs. One member of staff said, "I don't think it's a problem, there are enough of us here to help people as they need it." The registered manager told us that staffing levels within the service were based upon a set amount of hours of care that people required and were reviewed regularly and adjusted when people's needs changed. On the day of our inspection, there were sufficient numbers of staff available to meet people's needs and keep them safe.

People told us that staff supported them with their medicines if they required assistance. One person told us, "Yes staff do remind me about my medicines. They ask me if I have taken them because I don't always remember." Another person said, "Staff prompt me to take my medicines, I'd probably forget if they didn't."

The registered manager told us that they carried out monthly audits of staff practices when administering medicines to people. They explained this was part of the spot checks they carried out in people's homes when staff were supporting them with their care. The effect of this has been to reduce the risk of medication errors from occurring and to ensure people's safety. We observed that medicines were kept in people's flats and that the level of support people required with medicines varied. Some required minimal prompting and others, more support and guidance. Staff told us they always signed the medicines administration records (MAR) after giving medicines. We looked at MAR charts and noted that there were no gaps or omissions. The correct codes had been used and when medicines had not been administered, the reasons were recorded. Records confirmed that staff had received the required training to ensure they delivered safe care. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.



# Is the service effective?

## Our findings

People told us they thought the staff who supported them knew what they were doing and helped them effectively to meet their needs. One person said, "They seem to know what to do to help me properly." Another person told us, "They know what they are doing. They often tell us about the training they have to do for the job."

The registered manager told us about the induction process that all new staff had to undergo. We were told this was a ten week process. The registered manager informed us that as part of their wish to continually improve their services, Housing and Care 21 have now added a requirement that all new staff undertake the Care Certificate training as part of the induction process. The Care Certificate was officially launched in March 2015 by the Government. It aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

We saw the induction checklists used by the registered manager to record each element of the induction training for new staff. We saw the process was comprehensive and provided staff with the knowledge and skills they needed to carry out their work effectively. We saw there was training on health and safety, fire safety, moving and handling and safeguarding, along with other relevant training to ensure that they could meet people's assessed needs. Records showed that alongside reviewing people's care records, policies and procedures and spending time working alongside more skilled staff, new staff had to achieve certain competencies to ensure they were ready to provide support to people and had gained all the expected skills and knowledge needed to meet people's needs.

Staff had access to a regular training programme which they told us they found useful in helping them keep up to date with any changes in practice. One staff member said, "They provide good training for staff and we are encouraged to add to it. We have distance learning and can do face to face training. There are always new bits to learn." Another staff member told us, "I have done a lot of training since I started working here, it is good, there is lots of it." The registered manager told us that the provider was very supportive of its staff completing extra training and working towards developing themselves.

Staff told us they had annual refresher training to update their skills and knowledge and were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. Training records we looked at confirmed that staff had received appropriate training to meet people's assessed needs.

Staff told us they received regular supervision and attended staff meetings. We saw documented evidence of this in the form of minutes of these meetings. Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, all staff told us they could go to the registered manager, who they said were very supportive and always accessible to them.

People told us that staff asked for their consent on each occasion they visited them. One person said, "They

always ask me what I would like to be done." Staff told us that they felt it was important to ask people first so they were able to ensure people were happy with the support offered to them. We found that people had signed an agreement for staff to support them with their personal care and to assist them with their medicines and this was stored within their care plans.

The registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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. All of the people who received care at Pantiles House at the time of the inspection had been assessed as having capacity to make decisions about their care. There were no restrictions placed upon people and staff we spoke with understood that people should not be deprived of their liberty unless authorisations were in place.

People told us that the support they required with nutrition and meal preparation was assessed as part of their care package. Some people took advantage of cooked meals and ate together in the communal lounge area, which they enjoyed. These meals were provided at an additional cost which people could choose if they did not want to prepare food in their own flats. One person said, "I quite enjoy the food here. Sometimes I cook for myself but it's nicer eating with other people." Another person told us, "We can choose whether we want to eat in the dining room or in our flats." Details of people's dietary needs, including cultural, diabetic or vegetarian and eating and drinking needs assessments were recorded within care records and indicated if they needed any support with eating and drinking. The registered manager told us that if they had concerns about anyone with regards to nutrition they would contact specialist support.

The registered manager told us that most people's health care appointments were managed by people themselves or by family members. Staff told us they were available to support people to access healthcare appointments if needed. For example, staff had recently supported one person to attend a hospital appointment.

Staff said they liaised with health and social care professionals involved in people's care if their health or support needs changed. The social care professional we spoke with explained that the service acted upon any advice that was given and were vigilant in monitoring for any changes within people's conditions. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

## Is the service caring?

### Our findings

People told us they were happy with the care they received. One person said, "The carers do well for me. They are very caring." Another person said, "They are a good bunch, the staff are very helpful." Someone else told us, "I used to live on my own, I am much happier here, it is a friendly, caring place."

People told us they were treated with care and sensitivity by staff and had their best interests at heart. One person said, "They usually have a smile on their faces. They do care for us."

Staff told us they worked hard to give people the support that they needed, they wanted them to have the best possible support. They considered that the keyworker system enabled them to build up positive and meaningful relationships with people and to enable them to understand in a more person centred way the needs of the person they were supporting. The keyworker system provided people with an allocated member of staff with whom they could always discuss aspects of their care and support.

People told us they were encouraged by staff in a supportive manner when they received care. One said, "They encourage me to be independent and to do what I can for myself." Another person told us, "They are patient with me. They're a good lot."

Staff told us they did the best for people. They said they tried hard to ensure that people had a good quality of life. Staff members we spoke with seemed to be motivated and caring about their work. They told us they worked hard to make sure that people felt valued and cared for and this was confirmed by the people that we spoke with.

All the people we spoke with knew they had a care plan that was kept in their flats. One person said, "Every time they come and see me they write down what they have done for me."

It was apparent from our discussions and observations that people were given the information they needed to make required changes to their package of care, or discuss any issues that they had.

Advocacy services were available for people and we saw that the registered manager had available information for staff and people.

People told us that staff treated them with privacy and respect. One person told us, "They always knock on my door before they come in." When we spoke with staff we saw from what they told us they understood the importance of maintaining people's privacy and dignity in their own home. The staff member explained how they kept privacy, for example, when assisting the person to bathe, by letting them do what they could for themselves, making sure curtains were closed and doors were shut.

People had their own flats within the scheme and as such had as much privacy as required. We saw that there was also a communal lounge and dining area in the building where they could go if they wanted to leave their flat to meet visitors. People told us that visitors were able to visit when they wanted. Relatives

told us they visited their family members whenever they wanted and were made to feel welcome.

## Is the service responsive?

### Our findings

The registered manager told us that assessments of people's needs were carried out prior to a package of care being commenced. We saw documented evidence in people's care files that we inspected that initial assessments were undertaken by the local authority detailing people's past social and medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. This information was then used by the registered manager to develop the person's care package together with them.

People and their relatives told us they were consulted and were able to say what their needs were and how they wanted them to be met, including what time of the day they required their support.

Staff said that care was delivered in accordance with individual care plans, which provided staff with information on how to manage their needs. They were reviewed on a regular basis and updated as and when people's needs changed. People and their relatives had the opportunity to contribute to their care and we saw from the regular reviews and feedback that was sought, that people were given every opportunity to have their say about the service they were provided with.

The registered manager told us that any changes in people's needs were passed on to staff through handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

People told us they enjoyed the activities offered within the communal areas of the service. We were told that there were quizzes, games, bingo and festive parties at such times as Christmas. Some people told us they would like to see more activities being run for them. The registered manager agreed to investigate what other activities people wanted to be provided.

People and their relatives told us they were aware of the complaints procedure and knew how to make a complaint, if they needed to. One person told us, "I would go to the manager about any concern I had." Another person said, "I would say something to staff or the manager if I needed to." Other people told us they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. We found that there was an effective complaints system in place that enabled improvements to be made.

We saw there were comments and suggestion boxes for people to use. We looked at the complaints file and saw the registered manager had dealt with complaints in a timely manner and in line with the provider's policy. A system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

## Is the service well-led?

### Our findings

People told us that they saw the registered manager on a daily basis and could speak with them at any time. Everybody we spoke with knew who the registered manager was. One person said, "They come round almost daily and see us." Another person said, "He's very good, always making sure we are ok." The registered manager told us they visited tenants daily to check that people were happy with the care and support they received and to ensure people were well.

Staff told us that they were included in decisions regarding the service. They said there were discussions about service developments in team meetings. We observed that there was an open culture and people and staff could speak with the registered manager about anything they wanted to. One staff member said, "We all feel part of a team here, we discuss things and challenge them if needed."

Staff told us they received helpful support from the registered manager. One staff member told us, "The registered manager is always here, he is very approachable and we feel able to ask him anything." All staff members were very clear about their roles and responsibilities and told us they enjoyed working for the service. Everyone was comfortable speaking with us. We saw evidence that staff meetings were held on a three monthly basis. We saw from the minutes of the meetings they were well attended and provided staff the opportunity to discuss anything.

As a part of the pre inspection process we reviewed the information and notifications we had received from the provider. A notification is information about important events which the service is required to send us by law in a timely way. We saw the registered manager had ensured we were notified promptly and appropriately.

Staff told us they had access to the provider's policies and procedures, which included safeguarding, privacy and dignity and complaints. They told us that this was helpful with their work. We saw evidence on the staff files we inspected that staff were required to sign to say they had read and understood the policies and procedures in place.

The registered manager carried out monthly spot checks on staff to make sure they supported people in line with their care and support plans. We saw evidence of this in the files we inspected. The registered manager talked to people who used the service to find out if they had any problems with the care and support they received. People were supported to express their views through means of reviews of their support packages and annual surveys.

From our discussions it was evident that the registered manager and the staff team worked hard to improve the service provided and to ensure that the people who used the service were content with the care they received. It was clear that they had a vision for where they wanted to be and the action they needed to take to achieve this.

The registered manager told us there were other processes in place to monitor the quality of the service.

This included maintenance checks such as for the emergency systems, the lift, the lighting and call bells and fire alarms. The registered manager also told us about the range of audits that were carried out including for care plans, complaints, accidents and incidents and competency tests for staff administering medicines. We saw records that evidenced all of this.

We were shown evidence of the last satisfaction survey carried out in January 2016. This was a survey of people who used the service and their relatives. The returned survey feedback indicated a positive view was held by these people about the services provided to them. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements. This ensured that feedback was used to improve practice and the overall service provided.

We saw there were good systems in place to monitor the quality of the care provided and we found that the findings from the audit checks, monitoring visits, complaints and compliments were used to identify areas for improvement; action plans were put in place with realistic timescales for completion. The service reviewed matters on an on-going basis, in order to improve the quality of service being provided and drive future improvement.