Housing & Care 21

# Housing & Care 21 - Bramble Hollow

## Inspection report

Four Lane Ends
Hetton-le-Hole
Houghton Le Spring
Tyne and Wear
DH5 0AF

Tel: 03701924155

Date of inspection visit:
05 May 2016

Date of publication:
10 June 2016

## 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

This inspection took place on 5 May 2016 and was announced. We gave the registered provider 48 hours' notice as it was an extra care service and we wanted to make sure people would be in.

The service was last inspected on 17 March 2014 and met the regulations we inspected against at that time.

Bramble Hollow is registered to provide personal care to people living in their own flats at an extra care housing complex. There are 49 flats within the scheme and at the time of the inspection there were 21 people in receipt of a care service.

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.

Staff had a good understanding of safeguarding and were confident in their role of safeguarding people. Any safeguarding concerns were investigated with the outcomes fed back and practices changed if necessary in order to prevent reoccurrences.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews.

Staffing requirements were assessed in line with people's support needs. From staffing rotas we saw staffing levels were consistent and staffing cover was provided by existing staff. Staff were recruited in a safe and consistent manner with all necessary checks carried out.

Staff had up to date training and competency assessments were carried out in relation to specific areas, including the management of medicines. Regular direct observations of staff practices were also carried out as part of the supervision process. Staff received annual appraisals.

Medicines were managed effectively with people receiving their medicines appropriately. All records were complete and up to date with regular medicine audits being carried out.

People were supported to access services from a range of health care professionals when required. These included GPs, specialist nurses, district nurses, occupational therapists and opticians.

People were supported to meet their nutritional needs, including where people had special dietary needs and specific support due to risk of choking.

People's care plans were detailed, personalised, up to date and reflected their needs. Staff used them as a

guide to deliver support to people in line with their choices and personal preferences.

People told us they knew how to raise concerns and would feel comfortable in doing so. They confirmed they had no complaints about the care they received and they were happy with everything.

Staff told us they felt supported in their roles by the registered manager. They told us the registered manager operated an open door policy and was approachable. Staff also told us they received reassurance, help and advice from the registered manager, care team leader and senior care staff when needed.

A range of regular audits were carried out that related to the service the home provided, as well as the premises and environment.

## 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 told us they felt safe, settled and comfortable.

Staff understood the principles of safeguarding adults and were confident in their roles.

Medicines were managed safely.

There were enough staff to meet people's needs. Staff were recruited appropriately with all relevant safety checks carried out.

### Is the service effective?

Good

The service was effective.

Staff had up to date training and felt supported in their role.

People were supported to access external health care professionals when needed.

People were supported to meet their nutritional needs.

### Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received at the service.

People told us staff treated them with respect and maintained their dignity.

The service completed daily wellbeing checks for every person to ensure they were safe and well.

### Is the service responsive?

Good

The service was responsive.

People said staff were very helpful and pleasant and they were happy and content.

People's care plans were detailed and personalised to reflect their own needs and preferences.

People knew how to raise concerns but had no complaints. Complaints received were recorded, investigated and resolved.

People took part in regular meetings with the registered manager to discuss the service.

## Is the service well-led?

Good

The service was well-led.

Staff and people told us the service was well-led and spoke highly of the registered manager.

The registered manager operated an open door policy. Staff told us they felt that the registered manager was approachable and gave reassurance and help when needed.

The service had regular staff meetings to discuss the service and drive improvement of the quality of provision.

Regular audits were carried out to monitor the quality of service.

# Housing & Care 21 - Bramble Hollow

**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 5 May 2016 and was announced. We gave the registered provider 48 hours' notice as it was an extra care service and we wanted to make sure people would be in. 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. This was completed and returned within the required deadline.

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 contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We spoke with four people who used the service. We also spoke with the registered manager, the acting care team leader, one senior care worker and two care workers. We looked at the care records for four people who used the service, medicines records for three people and recruitment records for four staff. We also looked at records about the management of the service, including training records and quality audits.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "Oh yes I do feel safe here." When we asked another person if they felt safe they told us, "Yes, that's the number one thing, feeling safe. I'm settled and comfortable."

Staff had a good understanding of safeguarding adults and knew how to report concerns. They were able to name different types of abuse and describe potential warning signs they would look out for, such as people isolating themselves or acting out of character. Staff told us they would report any concerns without hesitation. One member of staff said, "If someone was in their flat and weren't speaking or seemed different I would ask them if they were okay and say they didn't seem their usual selves." The staff member went on to tell us, "I would go straight to [registered manager] and report my concerns."

The registered provider had a whistle blowing policy in place and staff told us they were aware of it and knew how to use it. One member of staff we spoke with said, "You can go in and speak to her (registered manager) and know it's confidential. We can go to her if we have any issues, even personal issues." The whistle blowing policy was readily available and accessible to staff.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed by the care team leader or senior care workers. All identified risks had appropriate care plans in place which detailed how people should be supported to manage those risks. For example, people who were supported to prepare meals had notes in care plans for staff to check 'used by dates' on food. If food was out of date, staff had to notify the person and agree for the food to be disposed of.

In addition to people's individual risk assessments there were a range of generic risk assessments in place for premises and the environment. For example, manual handling, slips, trips and falls, fire, laundry, legionella and infection control. All risk assessments we viewed had been reviewed on a regular basis to keep them up to date and relevant to the service.

Fire evacuation procedures were on display in communal areas. Each person had a personal emergency evacuation plan (PEEP) in place. The service operated a Stay Put policy where people were advised to stay in their flat until they are advised otherwise. PEEPs included information about each person's abilities and support needs. There was also a risk assessment in place for each person. This meant staff had guidance about how to support people during an evacuation.

Records confirmed medicines were managed safely. We viewed the medicine administration records (MARs) for three people. All records were completed accurately, with staff signatures to confirm medicines had been administered at the prescribed dosage and frequency. Where staff were unable to administer medicines to people, the appropriate codes were used and reasons were recorded on the back of the MAR. Competency checks were completed regularly to ensure staff administering medicines were safe and experienced to do so. The registered manager completed weekly medicines audits to identify any gaps in recording or missed medicines. From the audits we viewed there had been no errors identified.

One person said, "They give me my medication. They are very, very careful. They come in twos when doing medication. One checks and the other signs. They wait until I have taken it."

Records in staff files demonstrated staff were recruited with the right skills, experience and competence. Recruitment checks had been completed before new staff started working with vulnerable people. These included checks of their identity, occupational health, reference checks and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

There were enough staff to meet people's needs. One person told us, "There's always enough staff. I have used my pendant several times of late and they always come quickly." Another person told us, "If they can't get to you straight away they let you know that they'll be a couple of minutes." A third person told us, "There's a lot of them. There's good staff on a night if you need someone."

Staff we spoke with also confirmed there were enough staff. One staff member said, "I think there is (enough staff) now as we have just recruited another three staff." They went on to say, "Staff are good at covering shifts." We discussed staffing with the registered manager who told us they had recently recruited three new care workers who were due to start soon. At the time of our inspection the care team leader was on long term leave. The registered manager informed us that they had cover one day per week from a care team leader of another scheme and they were able to call on them for additional cover if needed. The registered manager explained the role was also covered by themselves and the senior care workers. The permanent care team leader was due to return to work in June 2016. There was no evidence to suggest the absence of the full time care team leader had impacted on people as they continued to receive their care.

The registered provider had an electronic system in place to calculate staffing requirements. The 'floor plan' system contained a list of people who receive care and support, the times support was to be provided and the type of support required. For example, personal care, medicine administration or meal preparation. We viewed staff rotas for a four week period and found staffing levels were consistent.

A log of all accidents and incidents was updated by the registered manager. Records included details of people involved, staff who reported incident, what had happened and any action taken. For example, making a referral to the falls clinic. The registered manager told us they analysed accidents and incidents to identify any potential trends. At the time of the inspection there were no trends identified. The registered manager told us staff carried a falls flowchart with them during their shifts which detailed the process they had to follow if a person had suffered a fall. The process included how to assess a person by considering their response, airway and breathing. It also included detail of what to do if the person had suffered minor, moderate or major injury. One person told us of one occasion when they had fallen in their flat. They said, "I pressed the pendant and two carers came before long and helped me off the floor. They put me on the couch and checked I was okay."

Good

# Is the service effective?

## Our findings

People told us they felt supported and cared for by staff who were skilled and experienced to do so. One person we spoke with said, "The staff are magic. They help me get into my chair." Another person told us, "I'm comfortable here. The staff all care and they cannot do enough for you. They are very good."

Training records showed staff had up to date training in areas such as moving and handling, health and safety, safeguarding, medicines management and nutrition and wellbeing. The care team leader explained the recent changes the registered provider had implemented around staff training. Previously, training was organised through the registered provider's learning development officer. However, this role no longer existed and the responsibility was now on the service and staff to arrange their own training. The registered manager and care team leader told us about the new electronic training system called 'FRED' which was in the process of being implemented. Staff were to use this system to arrange their training and book themselves on courses. Once in place, the system would record training staff had completed and would flag up any refresher training when it was due. The care team leader explained they had recently completed a train the trainer course and was in the process of completing the competency stage. Once they were deemed competent through assessment, the care team leader planned to deliver training to staff in the service. They shared with us their plan of which specific courses they were going to concentrate on. New planned training included moving and assisting, infection control, MCA and the new medicines policy.

Staff told us they felt supported in their roles by the registered manager. One staff member said, "She praises and gives recognition for things you do well. She also has a talk with you if you need to improve." We viewed supervision records that showed staff received regular supervisions. Discussions covered a range of areas including duties, breaks, uniform, sickness, confidentiality, medicines management and training. Agreed actions were recorded and were followed up in the next supervision sessions.

As part of the supervision process direct observations were carried out on staff members to assess their performance around interaction with people. The registered manager explained the observations were more in-depth and focussed on how staff engaged with people, how they demonstrated knowledge of people's needs and quality of the care they provided.

The provider had a policy and procedure in place for each staff member to receive an annual appraisal. Appraisals were alternatively named 'Valuing Individual Performance' (VIP). Discussions covered staff members' roles including what they enjoyed, challenges they experienced and support they required. Other discussions covered their career aspirations, how they had developed over the year and planned further development for the coming year. Records showed that appraisals were up to date for all staff and were completed annually.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager informed us that every person who received care had capacity to make decisions. Staff understood the principles of MCA and gave an example of a person who had previously lived at Bramble Hollow whose mental capacity had deteriorated and this showed in their behaviour when staff were providing support. They explained the person had later moved onto another service.

People had access to external health professionals and were supported by staff to make appointments as and when required. Records confirmed people had regular input into their care from a range of health professionals including GPs, district nurses, specialist nurses, occupational therapists and opticians.

People were supported to meet their nutritional needs. One person said, "They help me with all of my meals." Another person said, "I have a [relative] who cooks me a lot of meals and freezes them. [Staff] come in and warm them up for me." Staff supported people to prepare meals as and when required, in line with individual care plans. One person told us, "Yesterday I was having my tea and the carers looked in the fridge and said, this is out of date and (with permission) put it in the bin."

Good

# Is the service caring?

## Our findings

People we spoke with told us they were happy with the care they received at the service. One person said, "I settled in straight away. I am happy and comfortable. I have more piece of mind having staff around." Another person said, "(Staff) are all the same. When I go down (into the communal area) they ask me how I am and when I come back (from communal activities) they ask me if I've had a good time." A third person told us, "All staff communicate in here. They are chatty and friendly. They are very nice."

People told us staff treated them with respect and maintained their dignity while supporting them with personal care. One person told us, when care workers supported them with personal care, "They close the curtains and are respectful." Another person said, "I feel comfortable receiving help with washing." During the inspection we observed staff speaking to people with genuine affection and compassion. Staff knocked on doors before entering people's flats. Staff we spoke with explained how they maintained people's dignity whilst providing support. For example, chatting with them and making sure they were comfortable.

Staff supported people to meet their individual preferences. One person said, "They come in on a morning when I'm getting up out of bed. They help me shower and make me breakfast." Another person told us, "They call every morning. I get up and make my own breakfast. They come in and help me to shower and get dressed."

Staff members had access to information in people's care records about their preferences, including their likes and dislikes. People's individual flats were decorated and personalised to their own individual tastes. We observed people had furniture from their previous homes, cushions, ornaments, pictures and family photos.

A senior care worker told us they completed daily wellbeing checks for every person in the service. There was a daily log sheet containing the names of every person. The senior care worker explained they recorded on the daily log sheet if they had seen or spoken to each person. They also recorded if people were out for the day. If they didn't see people in the communal area they tried to contact them using the intercom system. If they were unable to contact them via the intercom two members of staff visited people in their flats to check they were well. The senior care worker explained this was to ensure people weren't in need of any emergency support. They also explained this procedure allowed them to act quickly if people had become unwell or had suffered a fall.

At the time of the inspection no one required the support of an advocate. The registered manager told us if people needed an advocate they would liaise with social workers to arrange access to one. If a person did not have a social worker, the registered manager said they would refer them to the correct type of advocacy service, depending on the individual's circumstance. For example, an independent mental capacity advocate (IMCA) if the person lacked capacity to make their own decisions relating to their care or accommodation.

Good

# Is the service responsive?

## Our findings

The service was responsive to people's needs, wishes and preferences. One person we spoke with said, "They (staff) are all very helpful and very pleasant. I'm quite content." Another person told us, "I have no problem with staff, I think it's great. I'm really pleased with everything. Staff have a key for my flat so they can come and go as needed to save me getting to the door." A third person said, "Oh yes, I feel very comfortable, they're all very good. [Relatives] love to come here."

People had their needs assessed prior to receiving care and support. The assessment was used to gather personal information about people to help staff better understand their needs. This included any spiritual needs people had, a medical history, a life history and their existing support network. The assessment also included communication needs, finances, daily living skills, medicines and the person's social interests and aspirations. For example, one person's aspiration was to better manage their physical health and be able to access a GP and dental service. The assessment also included details of people's likes and dislikes such as particular foods, beverages and preferred gender of care worker with different support tasks.

People had a range of care plans in place to meet their needs including personal care, nutrition and hydration, medicines and mobility. Care plans were detailed, personalised and included people's choices, preferences, likes and dislikes. For example, one person's personal care plan stated, 'I would like my carer to help me shower using my sponge and shower gel'. Care plans contained detailed information to guide staff how to meet the specific needs of each individual from the first point of contact at the person's front door. For example, whether to knock and let themselves in if this had been agreed with people or knocking and waiting for people to physically answer the door or call for them to come in. The care team leader told us they were looking to develop people's care plans even further.

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 felt in involved in the planning of their care. One person we spoke with said, "We feel involved, staff and managers speak to us about our care." Another person told us, "I cancel the carer when I don't need them. I'm cancelling one tomorrow as I'm going out for lunch." Care records showed people were involved in care plan reviews as well as their social worker and key worker.

People knew how to raise concerns if they were unhappy about the care they received. One person we spoke with told us, "I couldn't complain about the carers at all (as I am happy)." Another person said, "I haven't had any reason to (complain), they're (staff) all very nice." A third person told us, "I have no problems with anything."

The registered provider maintained a complaints log which contained all complaints received and subsequent action taken. We noted two complaints had been received in the last 12 months. One complaint related to laundry not being put away. Records showed the registered manager had investigated the complaints, recorded all action taken and fed back to complainants. Any lessons learned were recorded and communicated to staff through individual staff discussions and staff meetings.

Monthly meetings took place between people and the registered manager. Discussions included topics such as staffing, new staff members, the building, door keys and activities. During the inspection we viewed minutes of the 'Tenant meetings' and noted they were well attended by people.

Good

# Is the service well-led?

## Our findings

People told us they felt the service was well-led. One person we spoke with said, "[Registered manager] is great." Another person told us, "She's very nice." A third person said, "She's always there when something goes wrong. I set the alarms off one day because I burnt some toast. [Registered manager] came round to see if I was okay."

We received similar feedback from staff. They spoke highly of the registered manager and told us they felt comfortable about raising any concerns with her or going to her for support. One staff member said, "I can't fault [registered manager] at all. She's spot on and handles everything." Another staff member said, "She likes to go around and see people in their flats. We always get reassurance and the help we need. She's amazing." A third member of staff told us, "A lot of things have changed (since the new registered manager came into post). She got the ball rolling and put all sorts in place. She's the kind of manager you can approach if you have any concerns." A fourth member of staff commented, "[Registered manager] lives and breathes this service, she is here from the morning until late on a night. She is passionate about developing the service and making sure everyone is happy."

The home had an established registered manager who had been in post since July 2015. They were proactive in meeting their responsibilities in relation to submitting relevant notifications to the Commission.

The registered manager operated an open door policy to encourage and empower staff to raise any issues or concerns. One staff member said, "[Registered manager] keeps sweets on her desk to encourage us to come into her office so we can speak with her if we need to." During our inspection we observed this in practice as a number of staff entered the registered manager's office to speak with them regarding various issues or to seek clarification and guidance.

Throughout the inspection visits there was a management presence in the home with the registered manager readily available for staff, people who use the service, relatives and other professionals to speak to. There was also a senior care worker on duty for care staff to seek immediate support and guidance from also.

The service regularly sought views from people and their relatives in relation to the quality of the service. Annual surveys were carried out of people receiving services and their views were analysed by the registered manager to identify any areas of development. During the most recent survey, 21 questionnaires were sent out and 10 responses were returned. Questions covered areas such as staff punctuality and attitude, activities, management and premises. Feedback received about staff and the service was mostly positive. One issue was around staff not always being on time but they were most of the time. We noted additional comments from people included, 'satisfied with the service', 'always happy to see the girls' and 'no improvement needed'.

The registered manager collated the information from the survey and developed an action plan of areas for improvement. Once improvements had been implemented the registered manager created a 'You Said, We

Did' document and circulated it to everyone. The document included both positive and negative feedback received and what action had been taken to improve the service. For example, changing floor plans to accommodate continuity of the same care workers for people. Another process implemented was for staff to call people and let them know if they were going to be late for a call.

The service had a system in place for the daily handover of information between staff. Written handovers were completed twice a day to correspond with the end of each day and night shift. Handovers included information about people who had cancelled calls for reasons such as going out for the day or feeling unwell. Handovers also included any health appointments that needed to be made on behalf of people or test results that required chasing up.

Staff told us they had regular meetings where they discussed various topics such as recording, policies, people and training. Staff told us they felt comfortable and able to raise any issues and suggest ideas to improve service delivery. Staff meetings took place on at least a quarterly basis and were advertised on staff noticeboards.

The registered manager told us they met with the care team leader and two senior care workers on a monthly basis to discuss the management of the service and monitor quality. We viewed some minutes of the meetings and noted discussions included staff rotas, people's needs, outcomes from spot checks on staff and any issues with MARs completed by staff.

The registered provider had systems in place to check on the quality of the care people received. Checks carried out included fire safety checks, medication audits and whether care plans and risk assessments were detailed and up to date. Specific spot checks were carried out on staff and included general appearance of the care worker, whether they wore their identity badges and if they followed infection control protocol. Other areas included documentation, medication prompted or administered and whether staff promoted people's independence while providing support. From the spot checks we viewed, there were no actions required. The registered manager assured us that any actions identified would be discussed and followed up with the member of staff.