

Housing 21

Housing 21 – Roman Ridge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service:

Housing & Care 21 – Roman Ridge is a domiciliary care service which provides personal care to people living in their own homes within the Roman Ridge extra care housing scheme. The service is based in an office on the ground floor of the housing scheme. At the time of this inspection the service was supporting approximately 40 people with personal care.

People's experience of using this service:

People told us they felt safe. They said staff turned up when they were meant to and provided them with the support they expected to receive during each visit. People said staff were well trained and knew what they were doing. Staff told us they were happy with the training they received. They thought it supported them to deliver effective care to people.

People's medicines were mostly managed safely, however we have made a recommendation about the provider's medicines management policy.

People were involved in planning and reviewing their care. They told us they felt in control of the care and support they received. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care records were person-centred and provided staff with clear guidance about the support people needed. Risks to people were assessed and kept under review, to help keep people safe.

Staff were kind and caring. People told us staff treated them with dignity and respect and supported them effectively. Staff supported people to maintain their independence. Staff knew people well and knew how they preferred to be cared for.

Staff supported people to maintain their health by liaising with community health professionals when necessary. People received appropriate support from staff to maintain a balanced diet.

The provider's staff recruitment procedures had been amended shortly prior to this inspection. We were satisfied the amended procedures would be safe, but the registered manager needed to complete additional checks on staff already employed by the service. They agreed to do this.

The service was not providing end of life care at the time of this inspection, however we have made a recommendation about staff training in the provision of end of life care.

People using the service and their relatives told us they thought the service was well-run. The registered manager and senior staff completed a range of checks on the quality of the service to make sure it was

operating effectively. Where they identified improvements could be made, they were discussed with staff during supervision meetings and staff meetings.

People knew how to make a complaint if they had any concerns about the care and support they received. People were provided with information about how to complain if they needed to.

More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated good (published 14 November 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 deteriorated to requires improvement.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service remained good.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service improved to good.

Details are in our well-led findings below.

Good ●

Housing 21 – Roman Ridge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector and one assistant inspector.

Service and service type:

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the person's own home. People's care and housing are therefore provided under separate contractual agreements. The Care Quality Commission (CQC) only regulates the personal care provided to people and not the accommodation. For this reason, we only looked at the care people received.

This service is known as Roman Ridge. Not everyone using Roman Ridge receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do receive personal care, we also take into account any wider social care provided.

There are 80 flats within the extra care housing scheme at Roman Ridge. At the time of this inspection, the service was providing personal care to around 40 people. People had access to shared communal spaces such as a large lounge, dining area and hair salon.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection as we needed to be sure staff would be available during the office visit and we wanted to arrange visits to people in their own homes.

We visited the office location on 13 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before this inspection we reviewed the information we had received about the service since the last inspection. The registered manager had completed a Provider Information Return (PIR). The PIR 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 contacted social care commissioners who help arrange and monitor social care services. We also contacted Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to plan our inspection.

On 13 May 2019 we spoke with four people using the service and two of their relatives, to ask about their experience of the care provided. We visited the service's office and spoke with the registered manager, an assistant care manager and three care workers. We checked five people's care records, three staff files and viewed a range of other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment:

- We checked the provider's recruitment system to see if staff were employed using safe recruitment practices. We found staff were subject to a range of checks before they were employed. This supported the provider to make safer recruitment decisions.
- However, we identified a recruitment form recently used by the provider only required applicants to provide a 3-year employment history. This meant the provider had not gathered the full work history of some employees.
- The provider had updated their recruitment forms shortly before this inspection to require applicants to provide their full work history. The registered manager agreed to complete an audit of all staff files to ensure they contained the full work history of every staff member recruited using the old recruitment forms. We were satisfied the provider's amended recruitment procedures would be safe.
- There were enough staff deployed to meet people's needs and keep people safe. People told us staff arrived on time, stayed with them for the correct length of time and provided all the support they were expected to provide during each visit. They explained staff were sometimes late if there was an emergency but they were able to contact staff via a pull cord system to find out how soon they would arrive.
- Staff told us they usually had time to care for people in an un-rushed manner and people told us the staff responded quickly if they requested assistance. One person commented, "If you call the call bell they do come quite quick."
- There was one staff member on-site every night so people could summon assistance in the event of an emergency. Some staff told us they thought there should be another staff member present during the night. People using the service raised no concerns about staff availability during the night.

Using medicines safely:

- All staff were trained in the safe administration of medicines and their competency to administer medicines was regularly checked by senior staff.
- When staff were responsible for administering medicines to people, staff recorded the administration of medicines on a medicines administration record so it was clear what medicines people had taken and when.
- During the inspection we identified senior staff had supported a person with their pain medication on several occasions because the person was unwell and they were struggling to administer it themselves. The support given by staff had not been recorded. Any support staff give people with their medicines must be recorded. The registered manager agreed to review the support the person needed with their medicines and ensure any one-off support was appropriately risk assessed and recorded in the future.
- The provider had a policy and procedure covering medicine management. We observed some sections of the policy needed updating to reflect current good practice guidance. We recommend the provider

considers best available evidence and good practice guidance about medicine management and reviews its policies and procedures accordingly.

Learning lessons when things go wrong:

- The provider had procedures in place to support staff to deal with any incidents or accidents.
- In the event of an incident or accident, the registered manager told us they would attempt to establish what had caused it and whether any lessons could be learned as a result. This helped to reduce the risk of a similar incident occurring.
- The registered manager and senior staff monitored incidents and accidents for any themes and trends. They considered whether people may need to be referred to other professionals, such as the falls prevention team. However, incidents and accidents were not recorded on a central system which allowed easy review and analysis of previous incidents. We discussed this with the registered manager who agreed to implement a suitable monitoring record.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe. People's relatives raised no concerns about their family member's safety.
- The provider had appropriate systems in place to safeguard people from abuse.
- All staff were trained in their responsibilities to safeguard people from abuse. Staff told us they were confident senior staff would act upon any concerns they raised.
- Senior staff were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. They had made appropriate referrals to the local safeguarding authority when safeguarding concerns had been raised.

Assessing risk, safety monitoring and management:

- Senior staff assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained risk assessments detailing the specific risks posed to them, such as risk of falls or any risk associated with moving and handling. An environmental risk assessment detailed any risks posed to people and staff by their home environment, such as trip hazards or fire hazards.
- Risk assessments were reviewed at appropriate intervals to check risk levels had not changed.
- Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.

Preventing and controlling infection:

- The provider had a policy which staff were required to follow to promote effective infection prevention and control practices.
- All care workers received training in infection control.
- To help promote ongoing compliance with infection control practices, senior staff regularly observed care workers to check their ongoing competency. These observations included checks that staff were adhering to effective infection control practices.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before they started using the service and a care plan was agreed with them which staff were required to follow.
- By talking to people using the service and staff, it was clear staff were aware of the support people needed, and this was delivered in accordance with their preferences. People were happy with the care they received. One person commented, "I'm satisfied. Staff are nice and really kind. They seem like they have time and are not rushed."

Staff support: induction, training, skills and experience:

- Staff received a range of training to support them to develop the skills they needed to undertake their roles competently. New care workers completed an induction which included shadowing more experienced staff. All staff completed regular training in important areas.
- Staff were happy with the training they received and people who used the service told us they thought staff appeared to be well trained and knew what they were doing.
- Staff were supervised by their line manager which gave them the opportunity to discuss their work role, any issues and their professional development. Staff competency was checked through direct observations of the care they provided by their line manager.
- Staff told us they felt able to seek support and advice from the office staff and the registered manager.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- Where people needed support to maintain their health, this was clearly recorded in their care plan. If people received care from other health professionals, their details were recorded so staff knew who to contact in the event they needed any advice or support with their health.
- During the inspection we observed staff supporting people to seek medical advice for concerns about their health. Senior staff confirmed they would refer people to community health services if they identified people would benefit from their support.
- A relative informed us staff had recently supported their family member to arrange visits from a community professional. They said staff were quick to raise any concerns about their family member's health and they encouraged them to speak to the GP when necessary.

Supporting people to eat and drink enough to maintain a balanced diet:

- People received appropriate support from staff to maintain a balanced diet.
- Staff were trained in supporting people with their nutrition and hydration. If staff identified concerns about a person's food or fluid intake, they recorded all food and fluids provided to them, to maintain an overview

of how much they were eating and drinking.

- When people received support from staff with their meals and drinks, their food preferences were recorded in their care plan, along with details of any special dietary requirements. This supported staff to cater for their needs and in accordance with their preferences.
- Staff supported people to make meals in their own homes and people could also visit the on-site restaurant for meals if they wished.

Ensuring consent to care and treatment in line with law and guidance:

- 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 with appropriate legal authority. Where people live in the community, any deprivation of liberty must be authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA.
- People told us staff obtained their consent before providing them with any care.
- Staff were aware of their responsibilities in respect of consent and involving people when making decisions. All staff had received training in understanding the MCA.
- We were satisfied the service was working within the principles of the MCA. They had policies in place to support this practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us staff were kind and caring. They said they were well-treated and well-supported by staff. Comments included, "They are kind and caring", "They look after you. They ask if I'm ok before they go. They know me well", "Yes, they're really kind and caring; they have time to chat" and "Everyone [all staff] is so nice. They give you 100%, with a smile on their face. They always make sure I'm ok before they leave."
- People told us staff had got to know their routines and how they wished to be cared for.
- People told us the staff knew them well and they felt comfortable with the staff. Comments included, "I feel confident with them. They really know me" and "I can have banter with them. I'm comfortable with them". People and their relatives described how staff came to introduce themselves before delivering any care which helped people to feel comfortable with staff.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care:

- People told us they were involved in planning and reviewing their care. People confirmed they were actively involved in this process, and where appropriate, people's relatives had also been consulted. One person told us they were satisfied their care plan accurately represented them and their needs.
- The registered manager and senior staff were aware of the need to consider arranging the support of an advocate if a person using the service did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff treated them with respect and listened to any requests they made.
- Staff promoted people's dignity and respected their privacy when providing care. People told us, "[Staff] definitely treat me with respect. They know what are doing to ensure I'm not embarrassed", "Yes, they respect me. I'm comfortable because they are so gentle" and "Yes, they all [treat me with respect]. They respect my privacy."
- People's care plans recorded what they could do for themselves and this helped to promote their independence. People told us staff supported them to remain as independent as possible. Comments included, "They don't take independence off me" and "They allow for my independence, but when I'm having difficulty, they're there to help." One person described how staff knew them well and could easily tell when they needed support with a task and when to let them complete the task themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were involved in the development of their care plans. This allowed the service to create person-centred care plans which supported staff to provide personalised care which met people's needs.
- People's care plans contained information about their life history and their likes and dislikes. They contained enough detail to inform staff of the level of care and support each person needed and how they liked to receive it. People's care plans described the support staff needed to provide during each care visit. They were well-written and easy to follow.
- People told us staff knew them well and understood their routines. This supported staff to deliver care to people in accordance with their preferences.
- People described how staff offered them differing levels of support, depending on how they were feeling during each care visit. This showed staff were responsive to people's changing needs and helped to promote their independence.
- A relative told us staff had closely monitored their family member's level of need and worked to increase their independence since they had moved into the extra care housing scheme. They explained the service had regularly reviewed their family member's care as they gained independence and they had been able to significantly reduce the support they required from staff.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint if they had any concerns about the care and support they received. People were provided with information about how to complain if they needed to. One person commented, "I can speak to [the registered manager] and [senior staff] about any worries. They're approachable. They're very good."
- The provider had a complaints policy which described how people could complain and how their complaint would be dealt with.
- The provider had not received any formal complaints since the last inspection. People we spoke with and their relatives all told us they had not needed to make a formal complaint. The registered manager told us if they received any complaints in the future, they would use them to make any necessary improvements to the service.
- Staff recorded any concerns they had about people using the service in a concerns book. The registered manager explained they reviewed the concerns and took action to address the concerns raised. The action taken was not recorded alongside the concern to easily identify which had been acted upon and whether a satisfactory solution had been achieved. We discussed this with the registered manager and they agreed to develop a more detailed recording system to address this.

End of life care and support:

- The service was not providing end of life care to anyone at the time of this inspection. The registered

manager told us staff would work closely with community health professionals when caring for a person at the end of their life, to ensure they had access to any specialist support and medicines they needed to remain comfortable and pain-free.

- Staff did not receive specific training on the provision of end of life care. We recommend the service finds out more about training for staff, based on current best practice, in relation to caring for people at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People and their relatives were satisfied with the service they received and said the service was well-run. One relative commented, "They give 100%. They are really welcoming. I'm satisfied."
- The registered manager and staff were keen to deliver a high-quality service to ensure people's care met their needs and promoted their independence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- The service had a registered manager. They were supported by two assistant care managers who were also based at the service.
- Staff morale was positive and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities and staff worked effectively as a team.
- The registered manager and senior staff assessed and monitored the quality of the service provided via various methods. For example, they completed checks on the records made by staff to ensure they were good quality, they audited all medicine administration records on a weekly basis and they observed staff delivering care to people. Where these checks identified improvements could be made, the outcome was shared with staff during staff supervisions and staff meetings.
- A senior manager of the provider intermittently visited the service to undertake their own checks on the quality of the service. They had not visited the service recently prior to this inspection, however the registered manager informed us they could contact the senior manager by telephone for additional support and guidance whenever they needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager and senior staff made themselves easily available to people using the service, their relatives and staff, so they could share any concerns or feedback about the service.
- When people's care was reviewed, they were also asked for their views about the quality of the service provided. The records we checked showed people were happy with the care provided and voiced no concerns about the service during these discussions.
- Staff were able to share feedback about the service during supervision meetings and staff meetings. The manager told us they had an 'open-door' policy and staff could come to speak with them about any ideas or concerns whenever they wanted to.
- People and staff were asked to take part in an annual survey to gather their opinion about the service.

These surveys were in the process of being completed at the time of this inspection. The registered manager confirmed the results would be analysed by the provider, once received, and used to plan further improvements to the service.

Working in partnership with others:

- The provider had links with commissioners of the service, the local safeguarding team and local community health services. This supported them to deliver effective care to people.