Housing & Care 21

Housing & Care 21 - Stanbridge 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?	Requires Improvement
Is the service well-led?	Good

Overall summary

We inspected Housing & Care 21 - Stanbridge House on 30 March 2015. This was an unannounced inspection.

Housing & Care 21 - Stanbridge House provides an 'extra care' service to people living in their own flats at the location. Extra Care housing supports people to live as independently as possible, with the reassurance of onsite care support when needed. At the time of the inspection the service was supporting 17 people with personal care.

At the last inspection of this service in June 2014 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued the provider with four compliance actions. The provider sent us an action plan and told us they would make the required improvements by September 2014. At this inspection we found improvements had been made in relation to safeguarding, managing medicines and monitoring the quality of the service. Improvements had been made to the records, however, some care records were still not accurate or up to date. We have asked the provider to take further actions in order to meet the legal requirements in relation to care records.

Summary of findings

There was a registered manager in place. 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. The registered manager was not at the service at the time of our inspection. However the service continued to run smoothly in their absence.

People told us staff were punctual and reliable. Staff were caring and supported people in a friendly, respectful and dignified way. People were encouraged to be as independent as they could be in their day to day lives.

People were supported to maintain their health and where required were referred promptly to other health and social care professionals to ensure their needs were met.

Systems were in place to ensure people were kept safe. There was a positive culture at the home and staff understood and displayed the values of the organisation.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides legal safeguards for people who may be unable to make their own decisions.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010/2014. You can see the action we took and what action we told the provider to take at the back of the full version of the report.

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?
Systems were in place to ensure people were safe. These included identifying and managing risk to people as well as appropriate staffing levels and recruitment processes.

People told us they felt safe. People were protected from the risk of abuse because staff were knowledgeable about the procedures in place to recognise and respond to abuse.

Medicines were administered safely.

Good

Is the service effective?
The service was effective. Staff received the support they needed to care for people.

People were supported by staff who acted within the requirements of the law.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met

Good

Is the service caring?
The service was caring. People spoke highly of the staff. People were cared for in a caring and respectful way.

People were supported in a personalised way. Their choices and preferences were respected.

Good

Is the service responsive?
The service was not consistently responsive to people's needs because care records were not always accurate or up to date.

People knew how to make a complaint if required. People's views about the quality of the service were sought through residents' meetings, surveys and a suggestion box.

Requires Improvement

Is the service well-led?
The service was well led. There was a positive and open culture where people and staff felt able to raise any concerns they had.

The quality of the service was regularly reviewed. Action was taken to improve the service where shortfalls had been identified.

Good

Housing & Care 21 - Stanbridge 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 30 March 2015 and was an announced inspection. This meant the service was given 48 hours notice that we would be visiting.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included notifications, which is information about important events the service is required to send us by law. We spoke with the local authority to obtain their views on the quality of the service provided to people.

During the inspection we spent time with people and observed the way staff interacted with people. We spoke with 10 people and five care staff. We looked at records, which included six people's care records and seven staff files. We also looked at records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and supported by staff. One person told us, "I feel very safe. My carer looks after me, she keeps her eye on me". Another person said, "I feel safe here".

People felt safe because the agency was based within the building and they could call for help using a call bell system if they needed. People told us staff always answered call bells promptly. Comments included, "If I'm giddy, I ring the bell and they quickly come and help me", "They are very efficient. If I ring the bell they are up like a shot", "When I press my fob, they come very quickly" and "they are always quick when I need them".

Risks to people had been identified and plans were in place to minimise these risks when staff supported people with their care. For example, one person told us how staff made sure they were safe during care tasks. They said, "They [staff] stay with me when I have a shower in case I fall". Staff supported people to take risks to maintain their independence. For example, one person said, "I cook most of my meals myself. Sometimes they help if I ask".

At our inspection in June 2014, we found the provider had not always responded appropriately to allegations or signs of abuse. At this inspection we found action had been taken to ensure all staff were aware of their responsibilities in this area. Staff had good knowledge of the provider's whistleblowing and safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. Where there had been a concern raised about a person's safety, a referral had been made to the relevant authority and to the commission as required to do by law. Prompt action had been taken to ensure the person was protected from harm.

At our inspection in June 2014, we found appropriate arrangements were not in place for the safe administration of medicines. At this inspection we found medicines were administered safely. The service had assessed whether people were able to administer their own medicines. Where they could not do this safely, staff supported people to take their medicines in line with their prescription. Staff had been trained in administering medicines and their competency had been assessed. Details of what medicines people needed to take was recorded within their care records and guidance was available to staff to tell them what the medicine was for and when and how often it should be given to the person. This included information on when to give medicines that had been prescribed for occasional use such as pain medication. This ensured staff would only give the person this type of medicine when it was needed. There was accurate recording of the administration of medicines. Medicine administration records (MAR) charts were completed to show when medicine had been given or if not taken the reason why. People told us staff stayed with them to make sure they had taken their medicines. One person said, "They come twice a day to give me my medicine. They stay until I take them". Another person said "I take it [medicine] four times a day, she [staff] gives them to me and doesn't leave until I take them; they don't just plonk it down and run out the door".

A record of all accidents and incidents involving people using the service was kept. These were reviewed by the care leader to look for any trends or patterns and identify actions to reduce the risk of similar events happening again. The care leader had recently identified one person had an increased number of falls. The person had been referred to the occupational therapist for assessment and had new equipment in place to reduce the risks of falling.

People told us there were enough staff available to meet their needs. Staff rotas showed that enough staff were on duty to meet the required amount of support hours. They also showed there were enough staff to meet people individual needs, for example, where two staff were required to help people who needed to use a hoist to move around.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role. Where agency staff were occasionally used to cover shortfalls in the rota the agency checked their competencies to ensure they were able to carry out their role.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable and competent staff. One person told us, “They are very well trained." Another person said, “I think they are pretty well trained on the whole, very good".

Staff told us about the training they had undertaken and how this helped them meet the needs of the people they supported. One staff member told us they had previously lacked confidence using a hoist. They had spoken to the care leader about this and had been given training and support until they felt confident. Staff received training to learn skills in other areas they were not familiar with such as how to administer a particular cream or medicine. For example, one person who required administration of a specialist medicine was only administered it by named staff following training and an assessment of competency by district nurses.

Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. One person told us, “They are very good. The new staff come round with regular staff first". The induction plan was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff received an annual appraisal and had regular one to one supervision where they could discuss the needs of people they supported and any training and development they might wish to follow. Staff were regularly observed by the registered manager or care leader whilst carrying out their roles to ensure they did things in the right way. Where areas for improvement had been identified this was discussed and followed up in supervisions. Staff had a clear action plan to follow to ensure the improvements were made.

The service had policies and procedures in relation to the Mental Capacity Act (2005). Staff training records indicated that they had received Mental Capacity Act (2005) training and staff demonstrated a good understanding about how to ensure people were able to make choices and decisions about their care if they lacked capacity. This included arranging for best interest meetings to be held with the person, their family and other health and social care professionals.

Staff supported people to stay healthy. People were supported to attend healthcare appointments if required. The GP or emergency services were contacted promptly if needed. People were referred for specialist advice and we saw evidence this advice was followed. For example, one person had recently been referred to an occupational therapist (OT) when their needs changed in relation to their mobility. The OT had recommended that a hoist was used for moving and handling. This persons care package had changed to allow for two staff to support when using the hoist. All staff were aware of this persons changed needs and could describe how to support them in line with instructions from the OT.

All of the staff we spoke with knew the importance of good nutrition and hydration. Staff told us if they were concerned about someone’s nutrition or hydration, they would contact the person’s GP to alert them to this. People were provided with food they enjoyed and staff tried to encourage them to eat healthily. Staff were aware of peoples dietary needs for example, one person had a medical condition called diabetes. Staff described how they supported this person in line with the dieticians recommendations.

Staff told us they encouraged people to drink when they saw them. One person told us, "Every time they come they give me a cup of tea or coffee. They also make soft drinks for me and top it up when they come”. People made their own choices about how they preferred to be supported with meals and staff encouraged them to be as independent as they could. People told us, “I do all my own cooking. The staff come with me to the supermarket, we buy it there. I do all my hot drinks myself” and “The carer comes in the morning and helps with my breakfast. At lunchtime they tell me what I’ve got in the freezer, I can have what I want, the same at dinner time. If I want a cup of tea I make it myself”.

Good

Is the service caring?

Our findings

People were complimentary about the care staff. They said they were cared for by staff who were professional, friendly and caring. Comments included, “They are very good and caring. I haven’t had one Housing 21 staff I don’t like. They treat me very well, always quick when I need them", “They are all lovely, very caring” and "they are very professional. They do everything for you. They take some beating; I’ll tell you that for nothing”.

All of the staff we spoke with demonstrated they knew the people they cared for well and had developed supportive relationships with them. People told us staff knew what their needs were and respected their likes and preferences. For example, one person told us, "Housing 21 staff are good, they know me”. Another person said, "They [staff] look after me quite well; they know my likes and dislikes. I prefer to have my food in my room now, they know that”.

We observed staff interacting with people in a respectful manner. For example, staff knocked on peoples doors and waited to be invited in before entering. One person told us, “They [staff]always knock, give their names and say why they are there and ask if it’s ok to do whatever it is”. One person said, “They always call us by our names, they talk nicely, never rude”.

People were treated with dignity, respect and given the privacy they required during care tasks. People told us, “They always ask what I would like. They always ask me first if it’s ok to shower me or have a wash”, "I bath myself, I don’t like them being here but it’s necessary. They are quite respectful” and “When I’m in the shower I wash my lower bits myself, they are good and close the curtain while I’m doing it”.

People told us they made their own decisions about how they wanted to be supported. For example, people told us, “I do as many jobs as I can, I can choose”, “They come about 8.00pm and ask if they can get me ready for bed. If I want they come back later” and "They ask me if I want a shower or a wash, I can choose. I have asked them to come back later sometimes and they do”.

Requires Improvement

Is the service responsive?

Our findings

At our inspection in June 2014, we found people were not protected from the risks of inappropriate care and treatment because an accurate record about their care had not been kept. The provider sent us an action plan telling us they would make the required improvements by September 2014. At this inspection we saw that improvements had been made and people had care plans that were detailed and personalised. However, some people were at risk of receiving inappropriate care because records relating to their care were not always accurate or up to date.

House and office files did not contain the same information and files were untidy and disorganised. For example, in one person's house file they had a section titled 'manual handling risk assessments' there was a risk assessment dated October 2014. However a more up to date risk assessment and support plan had been completed in January 2015 as the person's needs had changed. This had been stored in a different section of the care record titled 'log sheets'. This would not be an obvious place for staff to look for these documents. Although staff on duty could describe how this person should be supported in line with the most up to date risk assessment and support plan there was a risk that staff from an agency would use the older risk assessment to inform care.

Fire risk assessments and evacuation plans had not been updated for two people when their needs changed. For example, one person's evacuation plan stated "does not use any mobility aids". However, their support plan stated "at risk of falls and walk with a Zimmer". Another person's evacuation plan stated "transfers with a stand aid". This person's most recent support plan stated "non weight bearing must use full body hoist". This meant staff might not be aware of the support these people required during an emergency situation.

These issues were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had not been involved with setting their care plan but this did not concern them as staff knew them and knew and met their individual needs. Some people told us their families had been involved in their assessments at their request.

There were systems in place to obtain people's views residents' meetings, surveys and a suggestion box. One person told us "We had a questionnaire recently, I filled it out. They have residents meetings, it's in the newsletter". People also told us they knew how to make a complaint and confirmed that when they had raised a concern it had been dealt with promptly.

People told us staff were punctual and stayed for their allocated time. One person said, "They are always there when they should be. They never miss me". Another person said, "They come in four or five times a day. I can't fault them, never late".

Good

Is the service well-led?

Our findings

The service was well led by a registered manager and care leader. 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.

The provider had notified the commission that the manager would be absent from their post for a period of time. During their absence the service had continued to run smoothly, led by the care leader. Further support had recently been put into place by a temporary manager.

The office was organised and any documents we required in relation to the management or running of the service were easily located and well presented.

At our inspection in June 2014, we found the provider did not have an effective system in place to regularly assess and monitor the quality of the service that people received. At this inspection we found action had been taken. There were a range of quality monitoring systems in place to review the care and treatment offered at the home. These included a range of clinical and health and safety audits. A recent audit of the care records had identified some of the concerns we had found during the inspection and there was a plan in place to address them.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked and audited to identify any risks or what changes might be required to make improvements for people who used the service.

We saw that people were actively encouraged to provide feedback through a satisfaction survey and the results of these as well as the quality assurance systems such as audits and accidents and incidents were reviewed at a more senior level within the organisation. The management team reviewed the results and took steps to maintain and improve the services performance.

There was a positive culture where people felt included and their views were sought. Staff understood the values and ethos of the organisation. Staff were empowered to speak out and raise concerns or make suggestions to improve the service. They felt valued and were confident concerns would be taken seriously.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The provider had not ensured that service users were protected from the risks of inappropriate care and treatment because an accurate record in respect of services users including appropriate information had not been kept. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.