

## 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

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 occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at the domiciliary care service provided for 23 people living at Pantiles House.

At our last inspection in April 2016, we rated the service Good overall. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated any serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

An experienced registered manager was in post. 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.

People using the service told us they liked living at Pantiles House and felt safe there. They said they were treated in a respectful and caring manner by regular staff members who knew them well and supported them effectively.

People were supported by sufficient numbers of staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received a full induction to the service. Staff we spoke with were confident that they provided a good service to people and said they would recommend Pantiles House to their family and friends. They had access to supervision and additional support when required.

Staff understood how to help protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. People had assessments which were individual to the person and their strengths and needs.

Medicines were administered in a safe way. Staff received training and a competency framework was in place to make sure they understood and followed safe procedures for administering medicines. Regular audits took place to make sure people received their medicines as prescribed.

Staff had received training in the MCA (Mental Capacity Act) and understood the importance of gaining people's consent before assisting them.

The service completed a detailed personalised care plan for each person. They kept people's needs under

review and made changes as required.

People using the service felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

The service was well led. A longstanding registered manager monitored the quality of the service and new systems were being introduced to further ensure this. Staff and people who used the service found the management team approachable and responsive.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 29 August and 19 September 2018. The inspection was carried out by one inspector and our first visit was unannounced.

We spoke with 11 people using the service. We also spoke with the registered manager and three members of staff. We observed care and support in communal areas and looked at the care records for three people. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and other records including those kept for staff allocation, training and supervision.

# Is the service safe?

## Our findings

At this inspection, we found the service continued to provide safe support to people using the service. The majority of people said they liked living at Pantiles House and felt safe there. One person said, "I could not ask for any better." Another person told us, "I Like it. They look after me." A third person commented, "I love it. The flat is lovely and the carers are very good."

People told us there were enough staff on duty to meet their needs and that staff visited them at the right times. Where required, people had a pendant alarm they could use to summon assistance. Comments included, "I've got the pendant. They come quick", "The carers are there – spot-on" and "They do come quick if use the pendant."

Staff told us that the needs of people using the service had increased in recent years and this had presented challenges in providing the right level of support within an 'extra care' service. One staff member commented, "It works. There is now all types of care required here. Some people require more and it can be challenging." Another staff member told us, "Yes there are enough staff on duty. There are quite a few of us."

Risk assessments were completed to help keep people and the staff supporting them safe. They addressed important areas such as mobility, medicines and risk of falls. The risk management plans meant that risks were minimised without unnecessary restrictions and actions were identified to help staff keep people safe. Accidents and incidents were monitored and analysed and action was taken if concerns were identified. For example, reviewing the risk assessment and updating the care plan with any required changes. Health and safety checks also were carried out including checks of equipment used to help make sure people and staff were kept safe. Staff received infection control training and were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves and aprons.

Staff were aware of safeguarding procedures and confirmed they had completed training in this important area. Policies around safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. Staff were confident that the registered manager would take any concerns seriously and act on them appropriately. We saw there was information displayed for staff to follow should they need to report any concerns regarding abuse. One staff member told us, "I would report it immediately."

There were safe systems for the management of medicines. Support plans and risk assessments addressed the safe level of support required by each person. For example, people who required their medicines to be administered by staff and those people requiring prompts to take their medicines themselves. Medicine administration records (MAR) were completed accurately. Medicines were stored safely in people's flats. Medicine administration records were fully audited regularly to make sure people were receiving their medicines as prescribed. We shadowed a senior staff member checking medicines records on the second day of inspection.

Safe recruitment practices helped protect people from the employment of unsuitable staff. We looked at the

personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with right to work checks where applicable and proof of identity.

# Is the service effective?

## Our findings

At this inspection, we found the service continued to provide effective care and support.

People's individual needs were assessed before they came to live at Pantiles House. Referral information and assessments were provided by the local authority. Familiarisation visits were arranged so the person could come to see the service where possible. An individual support plan and assessments were completed by senior staff that were used to discuss with the person and / or their representatives about how they wanted to be supported.

People using the service told us that staff were trained and knew their individual needs. One person commented, "They look after me well. They help me." Another person said, "The carers are very good." A third person told us, "The staff come at the right time, they help me to shower."

Staff felt confident in carrying out their roles and said there was sufficient training available. Records showed they had completed training in subjects such as first aid, MCA, safeguarding adults and other key topics related to the needs of people who lived at the service, such as dementia care.

Staff received support to understand their roles and responsibilities through supervision, regular observation of their practice and an annual appraisal.

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. 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.

Many people using the service were independent and came and went as they pleased. People told us they were able to make choices about the day to day care they received. They confirmed that staff checked if they were happy for their care to be given and said their decisions were respected by staff. One person told us, "They listen to you." Another person said, "I'm able to go out for walks. I can get out and about."

People were supported to prepare and eat food and drink when this was part of their planned care. Some people took cooked lunches that were provided at an additional cost which people could choose if they did not want to prepare food in their own flats. We observed some people having these meals in the communal dining area. Details of people's dietary needs were recorded as part of the care documentation kept for each person.

People were able to access healthcare professionals when necessary. People told us that staff supported them to access healthcare services. One person said, "They get the doctor if I need one." Records showed that the service liaised with other health and social care professionals such as the GP, district nurse or social worker if their health or support needs changed.



## Is the service caring?

### Our findings

At this inspection, we found the service continued to provide caring support to people using the service.

People told us that they were treated with dignity and respect. One person using the service said, "I've got a lot of respect for staff here. They treat me very well". Another person commented, "I'm polite to them, they are polite to me. No problems." A third person commented, "Yes they are polite. They look after me."

Staff respected people's privacy. Care staff gave us examples of how they ensured privacy and dignity including making sure people's doors were closed and that they were appropriately covered during personal care.

People using the service spoke positively about the support they received from staff. They told us that staff were kind and caring. We spent time observing the interactions between people and the staff who provided their care and support. The atmosphere at Pantiles House during our visits was calm, relaxed and friendly. The registered manager and staff clearly knew people well and there was familiarity between them and people using the service. Staff were smiling, friendly and engaged positively with people using their names.

One person commented, "They come and say, 'how do you feel?' They help you with anything you want." Another person said, "They can't do enough for me." A third person said, "The carers are lovely."

Staff were positive about the support provided at Pantiles House. One staff member said, "It's going really well. We know people well – it's like a family." Another staff member said, "I treat people like I would do with my own family."

Individual support plans gave detailed information about the person, their background and their needs. For example, where they were born, where they lived during their life and their occupations. Other parts of the plan addressed the person's hobbies and pastimes, friends and family and any religious or cultural needs. The plans detailed in the first person how they wanted their support to be given, their preferred routines, what a good day was like for them and any other information they wanted staff to know. For example, 'I like spending time with family and friends' and 'I like a good breakfast, preferably fried eggs on toast'. One staff member told us how they gave feedback to the managers and they would adapt the support plan to respond to the person's current needs.

People were regularly consulted about the support provided with regular support plan reviews taking place. These reviews addressed any changes to the person's health along with any required changes to the support package and risk assessments. Further checks were being introduced at the time of inspection with increased spot checks on care staff and more face to face feedback sessions with the registered manager.

Meetings were held with people using the service as and when necessary. Recent meetings had addressed renovations and planned improvements to the environment. Written information about activities were also shared with people regularly through noticeboards and a monthly newsletter.

The service had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality was included in the induction training for new staff.

Equality and diversity policies and procedures provided clear guidance to staff care workers to help make sure people's rights and diverse needs were respected. Care staff completed training to give them an understanding of how to protect people from discrimination and harassment.

## Is the service responsive?

### Our findings

At this inspection, we found the service continued to provide support that was responsive to the needs of people using the service.

People using the service told us that staff provided them with the care and support they required and that it was responsive to their needs. One person told us, "We are not bothered by them. The staff help me with the cleaning." Another person said, "If I want any help, they do it."

Support plans were comprehensive, kept up to date and fully addressed the support required by each person around areas such as their personal care, nutrition and health needs. All of the information we saw contained a good level of detail about the person's needs and the support they required. Daily notes were kept by staff and these were audited regularly to make sure, for example, that they were legible. Staff recorded the times of their calls and key information about the person's physical and emotional wellbeing.

We found that staff employed at the service were knowledgeable about the needs of the people they supported. Staff told us that they received a daily handover and read the notes and support plans kept for each person using the service to make sure they were up to date. Tasks were allocated to staff and we saw staff had printed copies of their task sheet with them as they moved from call to call. These clearly highlighted any risks or issues that staff needed to be aware of. For example, around the person's mobility or if they were living with dementia.

Communal lounge, garden and dining areas were provided for people using the service. Regular activity sessions were held at Pantiles House. These included community walks, coffee mornings, quizzes and fish and chip suppers. There were also visits from a hairdresser and the library service.

A copy of the complaints procedure was displayed on noticeboards. People told us they felt able to talk to a member of staff or the registered manager if they had a concern or wanted to raise a complaint. We saw records were kept of any complaints with timescales and action taken clearly recorded. One person told us, "Nothing to complain about here." Another person commented, "I have no complaints. It's like a five-star hotel." A third person said, "I would speak to the manager if I had any complaints."

# Is the service well-led?

## Our findings

At this inspection, we found the service continued to be well-led.

People using the service said they were happy with the service provided and how it was managed. One person said, "I'm happy here." Another person said, "I love it. My flat is lovely." A third person commented, "I'm more than happy with it."

A registered manager was in post at the time of our inspection. They were supported by two assistant care managers and an administrator. 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.

Feedback about the registered manager was very positive. One person using the service described the registered manager as "Smashing". Another person said, "He is very nice. He listens." A third person told us, "He's a lovely fella."

Staff told us that they found the registered manager and senior staff to be approachable and supportive. One staff member said, "The manager is the kind of person you can talk to." Another staff member said, "The manager has been supportive since day one. He is very supportive of staff."

Regular staff meetings took place addressing areas such as dignity and respect, key working and CQC inspections. Staff had recently taken part in a quiz about CQC standards to help raise their awareness. Staff were also recognised for their good work with awards for long service and a 'keys to excellence' organisational programme. A 'policy of the month' was also displayed for staff to read.

The staff members spoken with said that they felt the quality of care for people was of a high standard and they had no concerns about the service being provided. They said they would recommend it to their own friends and family. One staff member said, "The management are good here. It's a lovely atmosphere."

An organisational satisfaction survey had recently been completed by 11 people using the service with positive feedback recorded. For example, people all said that staff stayed the required length of time, were respectful and kept them safe. People said they especially liked the friendliness of staff.

Organisational audits of the service took place and these were mapped to CQC outcomes with ratings awarded. The most recent audit took place in August 2018 awarding an overall rating of good for the service. The registered manager described new initiatives that were being introduced at the time of inspection to further ensure the quality of service provided at Pantiles House. We could see examples of new service checks, questionnaires and surveys. Records were also kept of assessments and observations of staff when working with people using the service. These looked at the care delivery including dignity and respect, medicine competency and choice. There was recorded feedback from the person and any changes found to

be necessary were recorded.

Regular quality returns were supplied to the senior managers who were able to monitor aspects of the service delivery electronically. For example, complaints, safeguarding alerts and incidents or accidents.