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

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13 September 2018

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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 inspection took place on 13 September 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

This service is a domiciliary care agency. It provides personal care to older people living in their own flats within the Bramble Hollow complex.

Not everyone living at Bramble Hollow received the 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 we also take into account any wider social care provided. On the day of our inspection there were 27 people receiving personal care at the service.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in May 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Accidents and incidents were appropriately recorded, risk assessments were in place and appropriate health and safety checks were carried out.

Appropriate arrangements were in place for the safe administration and storage of medicines.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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 were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were supported with their end of life care needs.

People were protected from social isolation and the service had good links with the local community.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, family members and staff were regularly consulted about the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

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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.

Inspection site visit activity took place on 13 September 2018 and was unannounced. One adult social care inspector carried out the inspection. It included a visit to the provider's office to speak with the registered manager and office staff; and to review care records and policies and procedures.

During our inspection we spoke with four people who used the service and three family members. In addition to the registered manager, we also spoke with the assistant care manager, three members of care staff and one social care professional. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also reviewed information about the service on the local Healthwatch website. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. People told us they felt safe. They said, "You feel very secure here", "Safe? Oh yes, that's the main reason I'm here" and "It's very good to know that you're safe." Family members told us, "You have the confidence they are always there if you need them" and "Very safe. Staffing is really consistent."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staff, people who used the service and family members did not raise any concerns regarding staffing levels at the service.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

Support plans were in place for people who may exhibit behaviour that was challenging. These described the types of behaviour, triggers, function of the behaviour and support strategies for staff to use.

Regular checks were carried out to keep people safe. For example, health and safety, fire safety and pendant alarm checks.

Accidents and incidents were appropriately recorded and analysed, including falls, and any lessons learned were identified and disseminated to staff to reduce the risk of a recurrence.

Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. For example, the storage of medicines, mental capacity, the environment and fire safety.

The provider's safeguarding policy was on display at the service. Safeguarding related incidents had been appropriately recorded. A matrix was maintained to monitor and analyse any themes or trends, and to ensure actions had been put in place to prevent a recurrence. The registered manager understood their responsibility to safeguard vulnerable adults, and staff had received appropriate training.

We found appropriate arrangements continued to be in place for the safe administration and storage of medicines.

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff.

People told us, "Yes I am [happy the staff know their job]", "The whole staff, they're good lasses" and "I'm well looked after." Family members told us, "The staff are brilliant. Nothing's any bother to them" and "They [staff] all know my [relative]'s needs and ways."

Staff were supported in their role and received regular supervisions and an annual appraisal. The registered manager monitored compliance with training and staff received training appropriate to their role. As part of staff development, the registered manager told us they were going to provide staff with fact sheets for different health issues and conditions. These would be copies of information sheets that were in people's care records and could be carried by staff to refer to.

People's needs were assessed before they started using the service. The registered manager provided a case study of how the service had worked closely with health and social care professionals to develop a transition timetable for a person who was being discharged from hospital to the service. Staff received relevant training in the person's illness and the person visited the service several times to aid the transition. After a successful transition, the person became an active member of the service and had become more independent in taking part in activities and accessing the local community.

People were supported with their dietary needs where necessary. Staff prepared meals for people based on their choices and preferences. A family member told us how a member of staff had used their initiative to help their relative choose what they wanted to eat. They told us, "One [staff member] took a photo of the inside of the fridge and showed [relative], and asked her what she would like."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection. People's mental health needs were recorded, including their capacity to make decisions. Consent was clearly recorded and signed by the person or their representative, including consent for photography and giving access to care records.

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records were up to date and showed the person who used the service had been involved in the decision making process.

People were supported with their health care needs. For example, one person had been referred to an occupational therapist to support them with their mobility needs. Some people had hospital admission

sheets in place. These provide important information to staff should they be admitted to hospital.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People who used the service told us, "I'm so happy [with the care]", "We have a laugh. They [staff] knock on the door and let themselves in" and "The staff always talk to you. If I want anything, they'll help me." Family members told us, "They [staff] are like an extended family. They respect her dignity. They help to shower her and get her ready in the morning", "I know she's well cared for", "The care is impeccable" and "They are like a little family here."

People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff. The caring nature of staff was evidenced in a case study provided by the registered manager. This described the actions carried out by staff to ensure a couple could remain together following a serious illness and receive the care they needed. This resulted in an improved quality of life and the reassurance that staff were there to support them both.

Staff respected people's privacy. We observed them knocking on the doors of flats and introducing themselves before entering. Care records described how people wanted staff to respect their privacy. For example, "Please knock on my door and wait for me to answer" and "Please knock on my door and enter and introduce yourself." The registered manager told us they were researching the 10 'dignity do's' and were going to register staff to be dignity champions.

People were supported to remain as independent as possible but where support was required from staff, this was clearly recorded in people's support plans. Examples included, "I can use the shower independently and wash and dry myself", "I am very independent and like to make my own bed and wash my dishes so please don't try and do things for me unless I ask you", "I would like you to help me to shower. I will need to sit on the shower chair as I am unsteady on my feet" and "I can wash myself but may need help with my back and legs." Staff we spoke with demonstrated a good understanding of people's individual needs and levels of independence.

People's communication support needs were recorded and these described how people were given information in a way they could understand and the level of support they required with their individual communication needs. For example, one person's record stated, "We [staff] will use short simple sentences containing three key words", "We [staff] will make sure you are not distracted when we are talking to you" and "We [staff] will avoid negative questions." Records showed that people were able to make choices. For example, "Please make the breakfast of my choice" and "Please ask me if I want anything preparing for myself and [name]."

Records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help

people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us one of the people used independent advocates.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. Care records were regularly reviewed and evaluated.

Records were person-centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Records included important information about the person, such as next of kin, medical history, family history, likes or dislikes, and what was most important to the person. We saw these had been written in consultation with the person who used the service and their family members.

People's individual support needs were recorded and included personal care, continence, diet and nutrition, mobility, and communication. These provided information for staff on people's individual needs.

Daily records were maintained for each person who used the service and an effective staff handover process was in place.

The service supported people with end of life care needs. The registered manager told us people who chose to remain at the service during this time were supported by staff and relevant health care professionals such as GPs, district nurses and Marie Curie nurses. A guest room was available for families to use if they wished to stay overnight. Staff attended a death, dying and bereavement workshop to enable them to support people and family members during this important time.

We found the provider protected people from social isolation. People were supported with external activities and various entertainment and events took place at the service. For example, bingo, church services, an art club and singalongs. One of the family members had held art classes for people who used the service and we saw some examples of the art work on walls around the service. The service had a therapy/beauty room and hair dressing salon that were well utilised by people who used the service and visitors. There was also a dementia corner and Alzheimer's Society memory tree, that had been developed by a member of staff, and included photographs of the local area.

The provider had a complaints policy and procedure in place that was made available to people who used the service and visitors. No formal complaints had been recorded in 2018 however the registered manager had recording and investigation processes in place. None of the people or family members we spoke with had any complaints to make but were aware of how to report a complaint.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since July 2015.

We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us about their plans to increase the involvement of people who used the service and visitors, and gather more feedback on the quality of the service. This would include meeting each person individually monthly, asking visitors to fill in feedback cards, and choosing an area for improvement to work on and get people involved in the project. They also told us they were going to hold a party before the end of the year as a thank you to staff and invite all the people who used the service.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had good links with the local community, particularly the local primary and nursery schools, who visited the service regularly and took part in events with people. The registered manager told us they had a good relationship with the local mayor. The local mental health team hired a room at the service every week and held activities for people in the local community.

The service had a positive culture that was person-centred and inclusive. One person told us, "I like [registered manager]" and "[Registered manager]'s door is always open. A family member told us, "She's [registered manager] very efficient" and "She [registered manager] does spot checks which I like. It keeps them [staff] on their toes, not that they need to be." A social care professional told us, "I have always found it fantastic [the service]. She's [registered manager] an absolutely fantastic manager."

Staff meetings took place every month and staff we spoke with felt supported by the management team. They told us, "[Assistant care manager] has been fab with us. She'll help us straight away", "You can have open and honest discussions [with the management team]" and "You can go to the management with anything."

The provider continued to have an effective quality assurance process in place. The registered manager conducted their own internal audits, including spot checks of staff, and the service was regularly audited by the provider.

Residents' meetings took place every month and regular surveys were carried out where people could provide feedback on the quality of the service. Where any issues were identified, actions had been carried out.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.