

Housing & Care 21

Housing & Care 21 - Greenrod Place

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We undertook an announced inspection of Housing and Care 21 – Greenrod Place on 26, 27 and 30 October 2015. We told the provider two days before our visit that we would be coming because the location is an extra care service and we needed the provider to be available to assist with the inspection. The service provides purpose built flats in a community setting, with flexible care and support services available on-site to enable people to live as independently as possible.

Housing and Care 21 – Greenrod Place provide support for people in their own homes within an extra care housing complex. The scheme provides 31 one-bedroom and seven two-bedroom flats to rent and five two bedroom flats to buy through shared ownership. People received support with their personal care, support with

Summary of findings

medicines, food shopping and cleaning. People can also be visited by care workers from other external providers. At the time of the inspection 38 people were receiving support with personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager for Greenrod Place was responsible for two different services. There was a senior member of staff who was due to take on the full time registered manager role at the service but they had recently left the post without making an application to the CQC to be registered. The operations manager explained that an experienced registered manager who currently worked for the provider would start at the service at the end of November 2015.

The provider had generic risk assessments in place but they had not identified possible risks in relation to specific issues for people using the service and provide care workers with guidance on how to reduce these risks.

It was not clearly indicated on the support plans when they were last reviewed and if any changes to the support the person required had been made. This meant that care workers could not clearly identify if the information provided in the support plan represented the current care needs of the person.

People using the service and care workers felt the service was well-led and effective following the recent changes in

senior management but the service improvement implemented by the operations manager had not been in place long enough to demonstrate sustained improvements.

People using the service and staff gave mixed feedback relating to staffing numbers with some people feeling there was not enough staff with other people happy with the staffing levels they experienced.

People using the service felt safe when they received care and support. The provider had processes in place to respond to any safeguarding concerns. There was a procedure in place to record and investigate any incidents and accidents.

The provider had an effective recruitment process in place. There was a policy and procedure in place for the administration of medicines.

The provider had a policy and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

Support plans identified the person's cultural and religious needs. The plans also identified the person's preference in relation to the language spoken by the care worker.

The support plans identified how the person wished for their care to be provided and care workers completed a record of each visit recording what support was provided.

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?

Some aspects of the service were not safe. Risk assessments relating to people's specific support needs and associated guidance for care workers were not in place.

People using the service felt safe when their care workers were providing support in their home.

There was an effective recruitment process in place. The provider had processes in place for the recording and investigation of incidents and accidents.

Requires improvement



Is the service effective?

The service was effective. Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the Act and understood the importance of supporting people to make choices. If any concerns were identified in relation to a person's capacity to make decisions they would be referred to the local authority for a review.

Good



Is the service caring?

The service was caring. The support plans identified how the care workers could support the person in maintaining their independence.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The support plans identified the cultural and religious needs of the person using the service.

Good



Is the service responsive?

Some aspects of the service were not responsive. It was not clearly indicated on the support plans when they were last reviewed and if any changes to the support the person required had been made.

Initial assessments were carried out before support began to ensure the service could provide appropriate support. Care workers completed a record of the care provided after each visit.

A range of activities were organised by volunteers from external organisations that people could choose to access.

Requires improvement



Summary of findings

Is the service well-led?

Some aspects of the service were not well-led. The provider had recently made changes to the senior management. They were implementing a service improvement plan to improve the quality of the support provided but this had only recently started so there was limited evidence of sustained improvements in the quality of care provided.

People using the service and care workers felt the service was well-led and effective since the recent changes. There were regular team meetings and care workers felt supported by their managers.

Requires improvement



Housing & Care 21 - Greenrod Place

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 26, 27 and 30 October 2015 and was announced. The provider was given 48 hours' notice because the location provides an extra care service. This means care workers provided a domiciliary care service in people's homes within a block of flats and we needed to be sure that someone would be available. One inspector undertook the inspection.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with six people using the service and three care workers. We also spoke with the operations manager and senior care worker. We also received feedback from nine people using the service who completed questionnaires.

We reviewed the support plans for five people using the service, the employment folders for three care workers, the training and supervision records for 10 care workers and records relating to the management of the service.

Is the service safe?

Our findings

The provider had generic risk assessments in place for people using the service but detailed risk assessments for specific issues were not in place. We looked at the support records for five people and saw each person had a generic risk assessment document which covered day to day living. There were also a number of issues that had been identified in individual support plans that were specific to each person. Possible risks were identified but an assessment had not been carried out and guidance for care workers on how to reduce these risks had not been provided. These issues included use of a hoist, increased risk of pressure sores, falls, visual impairment and catheter use. This meant that care workers were not aware of any increased risk in relation to the person's specific support needs and how to reduce these risks. We saw one generic risk assessment related to a person who smoked in their flat. Brief guidance was given to care workers in the risk assessment about what they should do if they identified there was an increased risk of fire due to the unsafe disposal of cigarettes but was not detailed. This guidance did not provide care workers with enough information to reduce the possible risks. When we asked the operations manager about the risk assessments they explained as part of the current service improvement action plan that was being implemented, risk assessments were being reviewed to ensure they related to each person's specific concerns and issues.

The above paragraph demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed comments from people using the service and care workers when asked about the staffing levels at the service. People said they felt there were enough care workers to provide the support they needed. One care worker told us "There are not enough staff as we do not have any gaps between calls. We sometimes visit to do the medicines if they have a set time to be administered and agree with the person to come back to provide their personal care". People told us "There are enough staff to provide my support" and "one of the four same carers always visits me." Another care worker said "When there are six care workers it is OK but we can be stretched." We looked at the staffing rotas and saw that there were six care workers on shift from 7am to 2.15pm, two care workers

covering from 2.15pm to 10pm with a further two care workers from 4.30pm to 10pm. The operations manager told us that the service had recently moved from having one waking and one sleeping care worker at night to two waking night care workers. At the time of the inspection there were nine people who required support from two care workers with 29 people who needed support from one care worker in the morning. The operations manager also explained that the levels of support required by 22 people using the service were being reviewed by the local authority as part of an assessment of staffing levels at the service. The staffing levels at the time of the inspection did mean that care workers were sometimes stretched but people using the service did not raise any concerns about how this impacted on their care.

People we spoke with said that they felt safe when their care workers were in their flat and they had no concerns about their safety. We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. There was also a policy in place in relation to whistleblowing. We looked at the records of safeguarding concerns and we saw information relating to the concern, notes of the investigation, any actions taken and the outcome was recorded. We saw emergency evacuation plans in place for people using the service.

We looked at how accidents and incidents were managed in the service. All accidents and incidents were recorded, reviewed and monitored by the senior staff, so that any trends or patterns could be identified. Where required changes would be made to people's support and risk management plan.

The service followed safe recruitment practices. The operations manager explained that as part of the recruitment process two references were requested and the applicant was asked to provide five years of their most recent employment history. The interview was carried out by two senior staff. The operations manager told us they had recently implemented literacy and numeracy tests as part of the interview process. The new staff member could not start their role until a Disclosure and Barring Service check had been received to see if they had a criminal record.

We viewed three staff recruitment files which detailed that the relevant checks had been completed before staff began work, these included two suitable references, interview

Is the service safe?

record and a check for any criminal records had been completed. This meant that checks were carried out on new staff to ensure they had the appropriate skills to provide the care required by the people using the service.

We saw the provider had a policy and procedure in place in relation to the administration of medicines. People using the service kept their medicines in their flat and were supported by the care workers. The support plans identified if the person could self-administer their medicines or if they required support. We saw a medicines risk assessment had also been carried out to identify if there were any risks if the person managed their own medicines and if these risks could be reduced with care worker support. We looked at the Medicine Administration Records (MAR) for five people and saw they were completed clearly and care workers had indicated if the person had refused their medicine. The care workers monitored the level of medicines each person had and the senior staff would arrange for any repeat prescriptions from their General Practitioner (GP). We saw that when the local pharmacy delivered people's medicines senior staff

recorded each person's delivery in the medicines book and then took them to the person's flat. The operations manager told us that all of the care workers had recently completed a medicines administration competency assessment. We saw evidence of these assessments in the three staff records we looked at. Therefore, people's medicines were managed safely by the care workers.

The provider had appropriate processes in place in relation to infection control. The care workers used appropriate equipment including aprons and gloves when providing support. We saw care workers had completed infection control training. During the inspection we saw there were housekeeping staff cleaning the communal areas during the day and the communal areas and toilets were clean. One person showed us the armchairs in the communal lounge were stained and when we raised this with the operations manager they explained these chairs as well as the stained carpets were being replaced as part of the refurbishment work that was underway at the time of the inspection.

Is the service effective?

Our findings

People using the service told us they felt care workers had received enough training. People said “The staff who visit me have had enough training” and “The care workers know what they are doing.” We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely or to an appropriate standard. The operations manager explained that new staff completed a three day induction course including a range of training sessions. New care workers were allocated an experienced care worker as a mentor and then shadowed them for five days. During this period the mentor would also observe the new care worker and provide feedback on their competency. New care workers completed a workbook based on the Care Certificate during their 12 week probation period. The provider had identified three courses as mandatory training for care workers. These were moving and handling, medicine management and safeguarding. We looked at the training records for ten care workers and saw they had all completed their refresher training. Care workers we spoke with said “When you start there is very good training with shadowing before you start. The induction is very useful with four days training and shadowing” and “We have had more training recently which was helpful.” The operations manager explained the number of mandatory training courses had recently been increased, including first aid and dementia care. The frequency with which care workers had to complete refresher courses had also been reviewed. This meant that the care workers regularly updated their knowledge and understanding of issues related to the support they were providing.

During the inspection the operations manager told us care workers were directly observed providing care and had a spot check of their work carried out every three months. They also had supervision sessions with their manager every three months. When we looked at the records for three staff we saw there were notes from supervision sessions, spot checks and observations. The operations manager explained that following recent changes in management, the care workers would have their annual appraisal once the new registered manager started at the end of November 2015. Care workers we spoke with confirmed they had supervision with their manager and they told us they found it beneficial.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The support plans we looked at provided the contact details for the person’s General Practitioner (GP). During the visit we saw people could contact their GP, district nurse or ambulance service directly or they could ask the staff in the office to make contact for them. If a care worker identified any concerns with a person’s health they informed the office and the office staff or the person’s relative would contact the relevant healthcare professional. This was recorded by the care workers in the communications book following each visit. People using the service could also arrange to be visited by other health professional including podiatrists. This meant that people using the service could access appropriate support with their healthcare.

A person we spoke to told us “The food in the restaurant can be good.” During the inspection we saw there was a restaurant on site where people could purchase lunch during the week. The restaurant provided a choice of two different meals during the week but was closed at weekends. The operations manager explained that the management of the restaurant had recently changed and they were in the process of identifying improvements to the service. We saw people using the service had completed questionnaires related to the quality and type of food options provided. The operations manager told us there were plans to display the menu as part of the improvements to the restaurant service. Each flat had a kitchen and we saw the support plans identified whether the person required assistance with their shopping or with preparing their meals. People could order their shopping to be delivered directly to their flat or a care worker would support the person by going shopping for them. The operations manager told us the care workers would check during visits to ensure the person had enough food and that any shopping which the person decided they needed had been ordered.

The provider had a procedure in place in relation to the Mental Capacity Act 2005 (MCA) with appropriate actions identified when a person had been assessed as not being able to make decisions about their care. The MCA is law protecting people who are unable to make decisions for themselves to maintain their independence. The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty. This is a process to ensure people are only deprived of their liberty in a safe

Is the service effective?

and correct way which is in their best interests and there is no other way to look after them. The operations manager told us that all the people using the service had been assessed as having capacity to make decisions about their daily life when they were referred by the local authority. They told us there was on-going monitoring of people and if any concerns were identified by staff relating to the person's capacity the local authority would be contacted to

arrange a review. Care workers completed training on the MCA as part of their induction. All the care workers we spoke with confirmed they had completed MCA training and were able to explain how it influenced the way they provided care by ensuring people could make choices whenever possible. This meant that care workers understood the importance of supporting people to make decisions about their care.

Is the service caring?

Our findings

People using the service and relatives we spoke with gave us mixed feedback about the care provided and the care workers who visited them. Some people told us “The care workers are really nice and help me when I need them”, “The staff are very pleasant here” and “There are four I get on really well with. They have the time for people here.” Other people said “You always get a mix of people everywhere. Some of the carer workers are really good but some are not so good”, “The majority of care workers are very nice and extremely good. There is always the odd one that is not so nice” and “Some of the care workers are very good and like to joke with me but sometimes a few don’t understand due to the language issues.”

We saw care workers were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person’s interests and hobbies as well as their work and family history. Care workers were able to understand the interests and experiences of the person they were supporting.

The support plans identified the person’s cultural and religious needs. The person’s preference in relation to the gender of the care worker who visited them as well as their preferred language was recorded. The name they preferred to be called by care workers was also identified.

People told us “I can do some things and I get the help I need from care workers,” and “I can go out whenever I want and pop to the shops.” The support plans identified how the person maintained their independence by identifying

when the person receiving care required support and when they were able to complete tasks on their own. As part of the support plans the goals and expected outcomes of providing the care were identified. The support plans also identified if the person had any hobbies, interests and links to the local community that they enjoyed. During the inspection we saw people going out independently and with relatives. We saw there were no visiting restrictions and people could have friends and relatives when they wanted. People using the service could also use a communal laundry and prepare their own meals if they wished. People we spoke with could not confirm that they had been involved in the development and review of their support plans but they did tell us that care workers discussed how they wanted their care provided during visits and supported them to make decisions.

We asked people if they felt the care workers maintained their dignity and privacy when providing care. All the people we spoke with told us that care workers always maintained their dignity and privacy when they visited. People told us “They always do respect my dignity, the care workers always make sure I am alright” and “Staff are very discreet.” We asked care workers how they maintained the dignity and privacy of the person they were providing care for. They told us “Always ask them first what they are happy for me to do. Always cover the person up during personal care and ask them how they want the care provided,” and “You need to effectively communicate with the person to make them feel important.” We saw guidance on how to ensure people’s privacy and dignity when providing care was included in the workbook completed by new care workers during their induction

Is the service responsive?

Our findings

Support plans did not indicate when the last review was carried out and if any changes to the person's support needs had been identified. We looked at the support plans for five people using the service. We saw their support plans were not dated so care workers could not identify if the version they were using when providing care from the person's support folder provided accurate and most current information relating to how the person wanted their care provided. There were no records maintained to show if there had been any changes in a person's support needs and if the relevant amendments had been made to the person's support plans. We saw there was a section in the support folders for care workers to sign to confirm they had read and understood the support plan. This had not been completed in three of the folders we looked at and we saw that in another folder the care workers had last completed the form in July 2014. This meant that the care workers could not confirm if the support plans provided accurate and up to date information on how the person wished to receive their care.

The above paragraph demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed prior to them using the service. The operations manager explained that an assessment of a person's needs was received from the local authority. The senior staff would then visit the person to carry out a further assessment to ensure they met the criteria to move into the scheme and if their care needs could be met. The senior staff then produced a support plan using the information from both assessments and from speaking to the person. The operations manager told us people and their relatives could visit the service during the assessment process.

People we spoke with told us they knew they had a support plan but were unable to confirm they had been involved in the writing or review of their plan. One person said "The support plan was written with the council when I moved in." We saw that each person using the service had a detailed support plan in place. Each person had a copy of their support plan in their flat and another copy was kept in the office. The operations manager explained support

plans were initially reviewed eight weeks after the person had moved into their flat and then every year unless there was a change in the type or level of care they required then it would be reviewed sooner.

Care workers completed a record for each visit to the person they provided care for. We saw copies of completed daily record forms were stored in each person's support folder in the office. The completed daily record forms were reviewed by senior staff to ensure care workers were recording information in an appropriate manner. During the inspection we looked at the daily records for five people and we saw these were appropriately detailed and reflected the needs outlined in the support plan. A communication book was also completed by the care workers to record if they were unable to carry out a support visit as the person had gone out or they were not in their flat and they did not want to support provided at that time.

People we spoke with told us "I really enjoy the activities, the bingo is the best and it gets very competitive" and "I like the craft session, we do knitting and crochet." Activities at Greenrod Place were supported by volunteers from external voluntary organisations such as Age UK, MIND and Sense. We saw a programme of activities was produced by Age UK which identified the regular activities held at the service as well as other events that were organised around the borough which people could access. During the inspection we saw a yoga session which enabled people with varying mobility to take part in the exercises. We also saw a bingo session during the afternoon which relatives, friends and people from other care schemes could also attend. Other activities included computer classes, a craft group and people could also access day trips that were organised by Age UK. One person told us about the Thursday group which was supported by two volunteers from MIND which enabled people to discuss their feelings and aimed to help reduce social isolation. People could also visit the hairdresser who had a salon on the ground floor. Therefore people were able to choose which activities they wanted to be involved with and they were able to access additional support if required.

People using the service confirmed they knew how to make a complaint in relation to the care provided. We saw there was a complaints policy and procedure in place. Information on how to make a complaint was included in each person's support folder which was kept in their flat. We looked at the complaint records and the provider had

Is the service responsive?

received one complaint during 2015. We saw information relating to the complaint, notes of the investigation, any actions taken and the outcome were recorded. Therefore, the provider ensured people using the service understood the complaints process and any complaints received were dealt with in line with their policy and procedure.

People were asked for feedback on the quality of the care provided. The operations manager explained a questionnaire was sent out to people using the service annually. The most recent questionnaire was sent out in January 2015 and people we spoke with confirmed they had been asked for their views on the care they received.

The operations manager told us the results of the questionnaire had been analysed with any actions identified and completed but we were unable to see this information during the inspection as the operations manager could not access them on the computer. There was also an active residents association at the site which met regularly with the minutes of their meetings were recorded and circulated to all the people using the service. The information from these meetings was fed back to the provider to identify possible concerns relating to the care provided. This enabled people using the service to provide feedback on the quality of the care provided.

Is the service well-led?

Our findings

The service had a registered manager in post but their time was split between Greenrod Place and another service.

There was a senior member of staff who was due to take on the full time registered manager role at the service but they had recently left the post without making an application to the CQC to be registered. The operations manager explained that an experienced registered manager who currently worked for the provider would start at the service at the end of November 2015. They would be based at Greenrod Place for six months to support the implementation of the improvement plan. We saw that for the five week period prior to the inspection three experienced managers from other services run by the provider had each been spending one day per week at Greenrod Place. This was to provide additional interim support for the current registered manager.

The operations manager explained that changes to the senior management of the service had occurred five week before the inspection. At the time of the inspection the provider was undertaking a service improvement plan at the location. The operations manager told us the quality assurance team from head office had carried out a full audit of the service during August 2015. Following this audit a service improvement action plan was developed in relation to the quality of the service and how the care was provided. Each action was prioritised based upon the possible risk level. The operations manager told us that the full audit would shortly be repeated to assess if the completed actions had made any improvements to the quality of the service provided. During the inspection we saw this action plan which was detailed, had estimated completion dates and had been regularly updated when any actions had been completed. This action plan had only been in place for a short time and we could therefore not see evidence of sustained improvements in the quality of the service.

We asked people if they felt the service was well-led and effective. People commented that their views related to the service since the recent changes to the management. They told us “It is a masterpiece in the making. The place might

have been closed down a few months ago before the changes.” and “I have no complaints, they have good staff here” and “The changes they are making as well as the redecoration are making things better here.”

We also asked care workers if the service was well-led and if it was effective. Care workers explained the comments they made related to the service since the service improvement action plan had been implemented. Care workers told us “The new management are making a huge difference; there is clarity about what we are doing now” and “I can see the progression over the last few months after the changes and it is looking really good.” Other care workers told us “Everything, with the changes and improvements, I can see the ball rolling and things improving. They told us what things are in the pipeline” and “With the service getting back on track I have changed my mind about leaving.”

Care workers were asked if they felt supported in their role and they told us “I feel really supported by the office staff and the managers” and “I am able to go to the manager and discuss things. I am happier with the new management team here.”

The operations manager explained that regular team meetings were held and the frequency of these had been increased to ensure all staff were aware of the planned service improvements and how these had been progressed. The care workers we spoke with confirmed there had been regular team meetings. One care worker told us “They are getting the whole team together to discuss issues and we know what is going on.”

The operations manager told us that as part of the service improvement plan they had introduced an ‘amnesty’ period for all the staff at the service. This meant that staff were able to come to the operations manager or any of the other senior staff on site to discuss any concerns they had relating to how the service was provided.

During the inspection we saw that changes recently implemented by the operations manager had made some improvements to the quality of the care provided but these had not been in place long enough for us to assess if sustained improvements had been made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have a process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (2) (a) (b)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (2) (c)</p>