

Your Choice (Barnet) Limited

Ansell Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ansell Court is an extra care scheme. It is a block of 53 self-contained flats. This service is a new purpose-built property for people who are aged 55 and over, providing care and support to those who need it due to age or disability. At the time of the inspection, there were 26 people living at Ansell Court receiving personal care.

Not everyone living at Ansell Court received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Improvements had been made to the service since our last inspection. People told us they liked living at Ansell Court. The providers procedures around complaints handling were improved and people and families told us they could report any concerns they had.

Where risks to people had been identified, staff responded to these by following guidance in people's care plans. Staff knew people well and as such they were able to tell us about how they kept people safe.

People received their medicines as prescribed. Staff were safely recruited, and staffing levels were enough to ensure people's care needs were met.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

The management team monitored the quality of the service provided to help ensure people received safe and effective care. The management team made regular checks on all aspects of care provision and actions were taken to continuously improve people's experience of care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 December 2020). There was one breach of regulation around the management of complaints.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 14 October 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how they managed complaints.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements and/or were rated Requires Improvement at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ansell Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ansell Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. The Expert by Experience spoke to people receiving personal care and after the site visit made phone calls to families to obtain their feedback.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support 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 people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 March 2022 and ended on 22 March 2022. We visited the location's office on 14 March 2022.

What we did before the inspection

We reviewed information we had received about the service. This included complaints, safeguarding alerts and feedback from the local authority. It also included notifications of incidents sent to us by the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 11 people living in Ansell Court and eight of their relatives and friends afterwards by telephone. We also spoke with eight members of staff including the registered manager, head of care, senior support worker and care assistants. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We had feedback from a representative of the local authority.

We reviewed a range of records. This included four people's care records and six people's medicines records. We looked at five staff files in relation to staff recruitment.

A variety of records relating to the management of the service, including quality assurance, training records, complaints, and accidents and incidents were also reviewed.

After the inspection We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection we made a recommendation about medicines management. At this inspection we found that medicines were safely managed.
- People and families told us they were satisfied with how staff supported them with their medicines. A relative told us, "They keep a MAR [Medication Administration Record] of her medications. They document everything."
- MAR's showed that people received their medicines as prescribed.
- Staff administering medicines had received training and were assessed as competent to administer medicines by the registered manager.
- The registered manager carried out regular checks of medicines stocks to ensure that medicines were administered as prescribed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Policies and guidance were available, and training had been provided.
- Staff were aware of how to appropriately report any concerns.
- Where any potential safeguarding concerns were raised, these were reported promptly to the local authority and CQC.
- Staff completed accident and incident records. These were reviewed by the registered manager to identify any further action required to prevent a reoccurrence. Records of accidents and incidents were also reviewed centrally by the provider's quality team.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Assessing risk, safety monitoring and management

- People and their families told us they felt Ansell Court was a safe place to live and staff providing care and support did so safely. Feedback included, "I've never not felt safe here" and "[Its safe because Person] has dementia and used to wander and now she doesn't."
- Risks associated with people's care were assessed, and guidance was in place to guide staff on how to keep people safe.
- Staff we spoke with were knowledgeable about the risks to the people they supported and how they could keep them safe from harm.

Staffing and recruitment

- We observed that there were enough staff to ensure people's needs were met. Staffing levels were assessed on people's needs. Staff told us that they thought there were enough staff in general and worked as a team if there were any short notice absence or illness.
- People and relatives told us they felt overall there were enough staff. Feedback included, "They have allocated consistent carers so [my relative] recognises them."
- There had been little recent staff recruitment at Ansell court as there was low staff turnover. This was reflected in the feedback we had from staff in that most staff had worked at Ansell court since it opened in 2019.
- Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Preventing and controlling infection

- The provider had appropriate procedures in place to prevent and control infection. Staff said they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control. We observed staff wearing PPE in line with guidelines. Staff were tested in line with government guidance.
- Procedures were in place to ensure visiting to the service was carried out within government guidelines which included rapid testing. One relative told us, "They are very hot on Covid and testing."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection, procedures were not in place to ensure complaints were appropriately managed. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Since the last inspection, the provider and registered manager reviewed and improved their complaint handling procedures.
- The provider kept a log of all complaints they received. Complaints were investigated thoroughly and responded to.
- People and families told us that if they had any concerns, they would have no hesitation in reporting these to care staff or the management team. Feedback included, "We don't have any bad comments to make [about the care and carers]" and "I don't have a complaint. They've always been co-operative and helpful."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which met their needs and preferences.
- Many people and their families praised the responsive and supportive nature of the staff team. People told us, "They [staff] have been brilliant with me. They've helped me a great deal", "[Staff] get me whatever I need. If I ask, they will do it. I like the environment" and "The care here is very good. I've no problems with the carers. They checked in on [name of other person] more often after their operation."
- Families told us, "The carers are brilliant with [my relative]. They are trying their best" and "[Staff] encourage [my relative] to go to events [downstairs] and to do laundry. They have helped him to become independent. They encourage him when he is cooking."
- People had support plans in place. These contained information about people's choices and preferences. Support plans contained detailed guidance about how and when people liked to be supported. These plans were reviewed regularly as people's needs and support changed.
- People and families told us they were felt involved in the care planning process. Care plans were signed by the person receiving care, if appropriate. One relative told us, "We had a very long discussion with [registered manager] including [my relative] when we were deciding if Ansell Court would be the right place for them."
- People's cultural, ethnic and religious needs were documented in their support plans and staff provided support in these areas, if needed. One relative told us that staff showed a genuine interest in knowing more

about their family members faith and how to support them with this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People living at Ansell Court could take part in onsite activities if they chose to do so. Many people receiving personal care did so with the support of the staff team. Feedback in this regard was positive and included, "They try and introduce friendships with other residents and engage with him."
- We saw that one person had been supported by staff to get a pet, which had a positive impact on their well-being. Their relative told us, "They even got him a cat, which he loves. He is responsible for it. He has something to look after. They're very forward thinking."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication methods were recorded clearly within their care plans.
- Where possible, people had been allocated keyworkers who could communicate with them in their first language.

End of life care and support

- Staff at Ansell Court did not routinely provide care for people at the end of their lives.
- However, people's end of life wishes were documented in their care plans. Where people did not wish to discuss this, it was also recorded.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- At the last inspection, we made a recommendation around auditing and governance procedures. At this inspection, we found improvements had been made to the governance systems at the service.
- Checks and audits had been completed on areas of the service including, medicines, spot checks, night visits, infection control, health and safety and care records. They had been effective in finding shortfalls, action had been taken to rectify these.
- The provider provided regular contact and support at the service and at the time of the inspection had resumed on site visits and audits.
- The registered manager understood their responsibility to be open and honest with people and relatives if something went wrong. The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.
- The improvements noted throughout this report supported a culture of learning and improving.
- Any learning identified following incidents or complaints was shared with the staff team through regular team meetings and supervision sessions.
- We found the management team open and responsive during the inspection. The management team worked with us during the inspection to address and queries or feedback points raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were satisfied living at Ansell Court, their care needs were met and felt well supported by the staff team. Feedback included, "I'm happy here" and "[The staff] have got to know me since I came here. There's never, never much for complaint." Relatives told us, "I don't know what I would do without [Staff name]. [Staff] know [my relative] really, really well."
- We observed the staff team to be dedicated, friendly and approachable during the inspection. Staff engaged well with people. People had a good rapport with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had opportunities to provide feedback about the care and support through regular resident's

meetings, key working sessions and via feedback surveys.

- Regular staff meetings took place which staff told us they found to be a positive experience. Staff told us they felt able to share concerns and ideas and meetings were used to share learning from safeguarding concerns and incidents. One staff member told us, "It's going well, teamwork wise. The support from manager is good. I have only good feedback. The manager is extremely supportive to me. If I have any issues, all I have to do is ask."
- People and staff were encouraged and supported to become involved with provider led groups and initiatives. For example, involving a person in the providers recruitment process and staff representatives in networks such as Race Equality Steering Group.
- The staff team worked with external health and social care professionals to ensure positive outcomes for people. We saw one example of where a person was supported by staff and the management team to access Speech and Language Therapy services which has a positive impact on their well-being and confidence.
- Most relatives also confirmed that they were kept updated about their family member and any changes on a regular basis. One person told us, "[Registered Manager] would send a letter every week or two explaining why communal areas were closed.... I like [Registered Manager] She's good at her job and tries to help as much as she can."
- However, some people and family members reported that they did not receive regular communication from the service, were not always kept updated around what was happening with their loved one, or what visiting, and communication arrangements were in place at that time. We discussed this with the management team, and they advised that they were currently reviewing their communication methods and would be implementing regular communications, such as newsletters.