

## Housing & Care 21

# Housing & Care 21 - Marigold Court

### 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Housing & Care 21 - Marigold Court provides personal care to people who are tenants in Marigold Court, an extra care housing scheme. The personal care is provided by an on-site domiciliary care team across the day and at night. At the time of the inspection 35 people were receiving the service.

At the last inspection in May 2015 we had rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

We found the service had established systems to protect people from abuse and respond to any safeguarding concerns. Risks to personal safety had been assessed and measures were in place to prevent people from being harmed.

Staff were appropriately recruited to check their suitability. There was sufficient staffing capacity to ensure people received safe, consistent care. The staff were supported in their roles and provided with training that equipped them in meeting people's needs.

Good support was given to people to maintain their health and, where needed, to meet their dietary requirements. Suitable arrangements were made to safely assist people in taking their prescribed medicines.

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.

There was clear complaints procedure that people were confident of using if they were ever unhappy with the service. People made decisions about their care and had access to a range of information about what they could expect from using the service.

People and their families told us the staff were extremely caring, compassionate and respectful of their privacy and dignity. They greatly appreciated the personalised care provided and the supportive relationships which had been formed.

Care planning was focused on the well-being of the individual, how they preferred to be supported and the outcomes they wished to achieve. Good links had been developed with the local community and activities were arranged to encourage people to socialise and help avoid isolation.

The registered manager promoted an open, inclusive culture and provided leadership to the staff team. Audits were conducted to monitor standards and feedback about people's care experiences was sought and used to influence the quality of the service.

Further information is in the detailed findings below.

## 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 safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Outstanding ☆

The service remains extremely caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Housing & Care 21 - Marigold Court

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 and 6 July 2017 and was announced. We gave short notice that we would be visiting as we needed to make sure the manager and staff were available to assist the inspection. The inspection was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority that commissions the service, including the assessing officer attached to the scheme.

A range of different methods were used to gather information and feedback about the service. We received questionnaires from seven people using the service and a community professional. During the inspection we talked with seven people, three relatives, the registered manager, assistant manager, a senior and a care worker. We examined four people's care plans, staff recruitment, training and supervision, and reviewed other records related to the management and quality of the service.

# Is the service safe?

## Our findings

People we talked with and who completed our questionnaires all told us they felt safe with the staff who provided their care and support. Their comments included, "Marigold Court is the best. The staff are all very concerned about you and kind hearted"; "They're good carers and we get very well treated"; "Yes, I am safe and I love it here. I've got a carer and all I have to do is ask and she'll come and help"; "If anybody hurt me I should report it to the boss. Up to now I've never had to report anything"; and "I was in a flat on my own and I was nervous about it. Now I'm here I don't get nervous as I know there's always someone on call."

Relatives we spoke with were positive about the safety of their family members. They told us, "I have no worries about [relative] being here"; "My concern as a relative is [name] is safe, and I know if there's a problem they would ring me"; and, "[Relative] has got a great deal of trust in the staff."

We observed people had ready access to information about their rights to be protected from abuse and how to report any safeguarding concerns. Details were included within the guide to the service and safeguarding posters and leaflets were displayed to refer to. This included a leaflet about how to reduce the risk of financial abuse. We saw any financial transactions undertaken by staff were recorded and backed by receipts to make sure the handling of people's money was properly accounted for. The manager had also developed a 'user-friendly' version leaflet that informed people of who to contact if they ever felt they were being ill-treated.

New staff were introduced to the provider's safeguarding and whistleblowing (exposing poor practice) procedures, and were trained in safeguarding, during their induction. All staff completed safeguarding training annually to refresh their awareness of how to recognise, prevent and report abuse. No safeguarding or whistleblowing concerns had been raised in the past year. The manager and staff we talked with had good understanding of their safeguarding responsibilities.

A 'duty of candour' policy had been developed. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The manager told us it was standard practice to openly communicate with people and their families, citing an example of this when a medicines error had occurred.

The service gave people written guidance about ways to maintain their personal safety and a safe home environment. Fire safety checks were conducted and the service facilitated visits from the fire brigade who gave talks to the tenants and provided preventative equipment. There was a system for reporting and following up any accidents, incidents or 'near misses' which happened to make sure safety concerns were addressed. The service had a business continuity plan in place to deal with emergency circumstances and individual evacuation plans for each of the tenants.

Risks to people's safety and welfare had been assessed and measures were in place to guide staff on providing safe care. People and their relatives confirmed they felt care and support was provided safely and described good security measures within the scheme. They told us, "They just don't let anyone in; they

would ask who they wanted to see"; "There's security here, I have my own front door and at night time after the last visit from them I lock my door"; and, "They'll tell you when anything happens, for instance, we had a fire drill today. Sometimes it's for real (burned toast) and we're told to stay in our flats. The fire brigade came and checked everything and it gives you a feeling of security."

On checking the recruitment process we noted that some personnel files were incomplete. The manager assured us this was due to waiting for information to be sent over from the provider's human resources department. Other records we examined confirmed all necessary pre-employment checks had been carried out to assess the suitability of new staff.

The service had a full staff team that had sufficient capacity to deliver people's care. Rosters were well organised, with staff allocated to each visit, including where two care workers were required to safely provide a person's care. Any cover for absence was met by the existing staff which ensured people had continuity of support. The manager was contactable out of hours if staff needed advice or support. People and their relatives told us there were regular care workers who provided a consistent service. They said, "It's maybe a testament that they (staff) don't leave very often"; "Sometimes it works out they have split shifts and they're pretty adaptable"; and, "Yes, regular staff but different shifts, we know them all by name I think there's about 17 staff in total."

People using the service were assisted in taking their prescribed medicines by staff who were suitably trained and had checks of their competency. Relatives told us they appreciated this support and people confirmed they received their medicines at the times they needed them. One person told us, "My carers give me my tablets four or five times a day. They're good with the timings" and another said, "Yes they're spot on. They even question you, for instance the carer this morning asked about my doctor's appointment and I told her I'm on antibiotics."

People's medicines regimes and the levels of support they required were specified in care plans for staff to follow. Separate records with body maps were also maintained for topical medicines which were applied to the skin. The administration records we sampled were accurately completed and audited weekly to check that medicines were being safely managed.

## Is the service effective?

### Our findings

People and their relatives felt the staff had the right skills and training to provide their care and support. They told us, "Certainly, from my experience"; "Yes, definitely"; "They get a lot of training here from Housing and Care 21"; and, "When my [relative] had a stroke they needed different things. They make sure they are up-to-date."

New staff were given induction training that prepared them for their roles, including completing the Care Certificate. This is a standardised approach to training for new staff working in health and social care. Thereafter, staff received annual mandatory updates in safe systems of work, such as moving and handling and fire safety. All existing staff had undertaken the Care Certificate and had either achieved or were studying for nationally recognised care qualifications to support their personal development.

Individual supervision was provided to all support staff six times a year, along with an annual appraisal to review their performance. Supervisions were sometimes themed to care-related topics such as safeguarding and medicines administration. Spot checks were also carried out to ensure staff adhered to good standards of care practice.

A resource room was provided within the scheme for staff to attend training and all had access to online training and guidance. Staff told us they were very happy with the training and support they received. Their comments included, "I've done my induction and attended all the training. I read the care plans and shadowed other staff until I felt confident to work on my own"; "The supervisors are brilliant"; and, "We get lots of support, training and there's scope for developing."

The Mental Capacity Act 2005 (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.

We found the service worked within the principles of the MCA and trained staff to understand the implications for their practice. The manager worked in conjunction with other professionals when mental capacity assessments needed to be carried out. One person using the service had a 'best interest' decision in place which had been drawn up with input from their social worker and a community nurse. Power of attorney arrangements had been established and people's representatives were always involved in care reviews. Regular contact was also maintained with relatives who acted on behalf of their family members, including those who lived out of the area.

A community professional commented, "Throughout my dealings with this particular care provider I have always remained confident in the standard of care they provide. Management appear knowledgeable in regards to mental health care needs of their clients. They are always approachable and enthusiastic in their roles and ensure clients have individualised care packages/plans."

People had given written consent to, for instance, staff holding keys, accessing their accommodation and administering medicines. The staff we talked with understood the importance of people making informed decisions and obtaining their consent before providing care. People confirmed staff always sought their permission and that care and support was given with their agreement. A relative told us, "They're very careful and they always ask us if it's how we want it done."

Staff received training in nutrition and food hygiene and assisted people with their dietary requirements, where needed. This included making meals, snacks and drinks and supporting people to access the independently run restaurant within the scheme. People's nutritional needs and risks had been assessed, were addressed in care plans and, if necessary, food and fluid intake was monitored. Staff also followed specialist advice, for example, given by a speech and language therapist where a person needed soft textured food and thickened drinks due to having swallowing difficulties.

There was good communication between the care and restaurant staff, ensuring special diets were catered for and relaying any concerns about people's appetites. People liked the flexibility of taking meals in the restaurant and said they were well supported with their eating and drinking needs. Their comments included, "The carer brings my breakfast and makes me a cup of tea, then visits me in the middle of the afternoon and brings me a glass of water" and "My son brings readymade meals for me and the carers prepare them." A relative explained their family member had a poor appetite and was prescribed nutritional supplement drinks. They told us, "I do the shopping and the girls (staff) give her the meals. They prepare and present them beautifully. They do encourage her to eat and drink."

People and their relatives spoke highly of the vigilance of staff and their support in contacting health care services. They told us, "If I was at home I would have to ring the GP receptionist and wait a few days for an appointment, whereas here it's dealt with quicker and that's an advantage"; "Yes I just need to ask for my GP and they make an appointment, it's very good"; "The District Nurse comes twice a week and the staff were shown how to dress [relative's] elastic stockings to their feet and legs"; "The Stroke Association have been and the carers also advise us on different ways to do things"; and, "That is an exceptional duty here, as far as I'm concerned. The staff kept saying you need to see the doctor and they finally convinced me. That's how it came about (treatment for an infection)."

Care records contained information gathered from people about any medical conditions they had and how these impacted on their lives and the care they needed. We observed the service undertook thorough reassessments when people were being discharged following hospital stays, to ensure their needs could continue to be met.

## Is the service caring?

### Our findings

The service had previously been rated as outstanding for being caring and we found this had been maintained. People and their relatives gave us consistently positive feedback about their relationships with the staff and management and highly praised their caring nature. Their comments included, "It's very special, they're kind hearted, lovely, really good, first rate"; "Very good, excellent in fact"; "It's like being in a top class hotel. It couldn't get any better"; "Superb, first rate care"; "Lovely staff, caring"; "They're always bright and breezy and they are really gorgeous with [relative]"; "It's just amazing. Marigold Court is fantastic, brilliant. It's so rare to have somewhere as good"; and, "Honestly you would think they were family. They come in always smiling, get kisses - they're great." All of the people who completed our questionnaires also stated they were happy with the support they received and that their workers were caring and kind.

The manager and staff demonstrated strong caring values, a very good understanding of people's diverse needs and gave clear accounts of the care given to individuals. When talking about people who had become physically or mentally frailer, they were very sensitive and placed an emphasis on giving both emotional and practical support, including to families. This approach was confirmed by relatives who felt that they and their family members were very well supported. They told us, "For me, it's that personal care, that human touch, they know people very well. They're very supportive and understanding and it's not just with [relative] but with all of us. When [other relative] passed away, they popped in regularly to see if [relative] was okay. They were also absolutely lovely to me and my husband" and "My relative has been in here X years and they'll tell you it's the best thing that ever happened to them."

A tenant who lived with their spouse was very appreciative of the care and compassion shown by the staff. They said, "Like gentry really, it's lovely how they treat you here. I used to be making meals for my [relative] and then cleaning up. The staff noticed this and got me to come to the restaurant for my lunch. They can't do enough for you and the way they look after my [relative] is fabulous. To get the same care elsewhere we would need a full time nurse"

A contract management officer from the local authority had recently completed an annual review of the service. They told us, "There were no issues found, in fact the provision of care appears to be of a high standard."

People felt the staff were mindful of their privacy and dignity. They told us, "They always keep me covered when I'm receiving personal care" and "They even ask if they can come in and always ring the bell before coming in. They always ask if what they've done is okay and if we're satisfied." Those people who completed our questionnaires all stated they were treated with respect and dignity.

The staff were good at striking a balance between helping people to stay independent and supporting their needs. One person told us, "I get all the help I want" and another said, "I keep my independence. I get dressed and they put my shoes and socks on, button my shirt for me and give me my medication. When I first moved in here I'd just come out of hospital and the carer offered to shave me, I was a bit apprehensive at first, but she put me at ease". A relative told us, "[Relative] is disabled but retains his independence. Staff

are very good to help with his care needs and he'd describe it himself as 'nowt's a bother'."

We observed people were consulted about their care service and, where necessary, their views were represented by their families. The manager told us, if needed, people could be signposted to independent advocacy services. People and their relatives confirmed they felt listened to and made choices and decisions about the care provided. They told us, "Yes they do (listen and act on what I say). I usually see the senior carer if I have any problems"; "One particular member of staff [name], she's very good to me and she helps me"; and, "Oh yes, everything is discussed and agreed before taking place."

People who completed our questionnaires told us they were given clear and easy to understand information by the service. We saw a wide range of information was provided about what people could expect from using the service. This included a welcome pack about their tenancy, a guide to the care service, details of local facilities, newsletters, and how to make suggestions, complaints and compliments. Various informative leaflets and guides on health and care-related topics, financial benefits and support agencies were displayed. There were also regular communications from the provider with news and updates from within the organisation which the manager passed onto people using the service. People were informed the provider's documents and information were available in alternative formats, including large print, Braille, audio and other languages, to suit their communication methods.

## Is the service responsive?

### Our findings

People felt the service was reliable, flexible and that staff responded in a timely way if they needed to summon assistance. Their comments included, "All our needs are different in here and they do their best"; "I usually see two carers a day and both are lovely and friendly"; "I have a button I wear all the time and they would answer straightaway"; and, "There are times when you think they're a bit slow, but sometimes they have other people to take care of and they're not all that long. I've had one or two bad falls and they've been very quick to respond."

Relatives told us, "If we've had a concern we can ring up and they will tell us what's going on and if he is okay"; "They've adapted to help my [relative] and had things changed to make things better. For instance, new equipment, they sorted this, not me"; "When [other relative] died and there was a new routine for [relative] it was all handled very well"; and, "I think considering they have a lot of people to look after, some days are more taxing. I've never known that [relative] has not had the care they need."

Records showed that thorough assessments were completed to identify people's needs and any risks associated with their care. This information had been used to develop care plans which clearly described the extent of support that staff would provide at each visit to the person. The care plans were personalised, stating the ways the person preferred to be supported and their independent abilities. Where a person's level of dependency had recently changed, their relative and staff explained to us how their care had been adjusted and increased. The person's care records were also updated during the inspection to reflect their fluctuating needs.

Each person's ongoing care was recorded by staff who accounted for the support they had given at each visit. Handovers also took place between shifts to make sure important information about people's well-being was relayed.

People and their relatives confirmed they were involved in care planning and reviews of care. They told us, "Many times. It's recurring and is first rate" and "We're involved in everything like that." We observed the service was currently transferring people's personal information into new care documentation. During this process the manager and staff were ensuring assessments and care plans were reviewed in line with people's current needs. To date, annual reviews of care had taken place with the local authority assessing officer attached to the scheme. The manager told us six monthly reviews were being introduced, giving further opportunities for people and their families to be consulted about their care service.

We saw details of people's backgrounds and interests had been gathered, ensuring staff had information about the individual's lifestyle and preferences. The contract for the service made provision for preventing people from becoming socially isolated. Staff organised a programme of activities and entertainment that included arts and crafts, coffee mornings, quizzes, 'pamper' sessions, bingo and a gentleman's club. Links had been forged with a local school, supermarket and joint activities were also held with groups such as the Alzheimer's Society and Age Concern who used facilities at the scheme. During our visit a birthday party with an entertainer was being held and we saw the person received a gift brought over from the local

supermarket.

Some people told us they liked joining in the activities offered, socialised with one another, or kept themselves occupied. Their comments included, "I go out and I get a taxi to Gateshead"; "There's a lady at the present time used to take the women for crafts and she thought why aren't the men doing something? So she brought some remote controlled cars and that's us occupied! She's planning for the future, to get us out on a bus to the park. Whether it comes about, I don't know"; and, "The refurbishment is excellent. The TV room has just been completed and it's a communal room. I reckon when you're all together you can have a conversation about what's going on. There's a singer coming today." Relatives told us, "Chair exercises I think would be great"; "[Relative] spends most of the time in the lounge and restaurant. They have made lots of friends"; and, "My [relative] occasionally comes to my house. The entertainment here is fantastic, but [relative] can't cope with it."

People and their relatives were informed about the provider's complaints procedure and felt confident in approaching the staff and registered manager. They told us, "Yes they would consider what you were wanting, they're very good people"; "I'd be the first to complain if I didn't agree with something"; "Everyone is lovely and friendly and they all ask me how I am and if I have any concerns"; and, "The office is always open, that's what I like about here. Whenever I've gone along they've helped me and give help with advice too." People who completed our questionnaires all felt any concerns they raised would be responded to appropriately. No complaints had been made about the care service in the past year. There had been 22 written compliments received in the same period, praising the service that the management and staff provided.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 manager understood her regulatory responsibilities, including notifying us of events and incidents that affected the service. The provider had displayed the CQC's rating of the service, including on their website, as required, following the publication of the last inspection report.

There were clear lines of accountability and good resources for managing and co-ordinating the service. The manager and assistant manager worked supernumerary to the rota and seniors had an office-based day each week. The manager was supported in their role by senior management and worked in partnership with the local authority assessing officer attached to the scheme. They attended regular management meetings with their peers and cascaded relevant information from the minutes to the staff team. The manager had recently completed the provider's 'Leading to Excellence' management training programme.

The service worked inclusively with people and their families. People told us they were kept well informed, could attend tenants meetings and were asked about the quality of the service in surveys. Those people who completed our questionnaires confirmed they had been asked for their feedback. In the latest survey by the provider, all respondents had stated they were satisfied and Marigold Court had been highlighted as maintaining a 'perfect overall satisfaction score'. The manager periodically carried out targeted surveys and people's suggestions were used to influence different aspects of the service. The provider offered a 'Better Together' programme, which gave people opportunities to share their views through a variety of means, with the aim of improving services.

People and their relatives described the service as well-managed. They told us, "The head ones are all very good"; "You get the chance to have your say. I've been in two or three places and this one is the best"; "It's right at the top as far as I'm concerned"; "On the whole they're very good"; and, "They do everything well here."

Staff told us the manager was supportive, approachable and they felt they worked well together as a team. They spoke positively about the provider, telling us, "It's a very good, forward-thinking company" and "I've been pleasantly surprised at the support."

A range of methods were used to engage with and support staff, including staff meetings and employee satisfaction surveys. The manager told us they kept staff updated with any changes in the provider's policies and procedures. Lessons learned from serious incidents were debated and we saw an example of this was planned for the next staff meeting. Issues could be raised through a local staff forum and an employee assistance programme was offered. All staff had access to an online 'carer portal' with learning, development and good practice guidance. Online 'e-cards' to thank colleagues for their support had been

introduced. The provider also operated a recognition scheme to nominate staff for awards for their contributions and achievements.

The management carried out internal safety checks, observed staff performance and audited records to validate the standards of care that people received. The manager told us their line manager visited regularly and assessed the on-going quality of the service. However, we noted that no written reports were produced as a result of these visits to confirm their findings. The service had been rated outstanding at the last overall quality audit in 2015. There had been no audit last year and we were informed the provider's quality team was due to visit during 2017.

A number of developments had taken place in recent months including appointments to strengthen the management team and training the management to deliver training to care staff. Further improvements in progress included the roll out of new care plan documentation and the launch of the manager 'tool kit', a new quality auditing process.