

Housing & Care 21

Housing & Care 21 - Holm 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Holm Court provides personal care to people living in their own flats within an extra care housing complex.

At the time of our inspection there were 33 people using the service.

At the last inspection of 01 April 2015, the service was rated Good. At this inspection we found the service remained Good.

The service has a registered manager. A registered manager is a person who has registered with the 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.

People using the service felt safe. There were systems in place to safeguard people from the risk of possible harm. Personalised risk assessments were completed and updated as required.

The service continued to have robust recruitment procedures in place. There were sufficient staff on duty to meet the assessed support needs of the people. Staff had received training in the administration of prescribed medicines.

Staff were knowledgeable and competent in their roles and were supported by way of supervision and appraisals. These were consistently completed for all staff and were used to provide feedback on performance and plan future personal development.

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 support this practice.

People continued to be supported to maintain their health and well-being and accessed the services of health care professionals.

Staff were kind, helpful and maintained people's dignity when support was provided. Positive relationships existed between people and staff. The staff were knowledgeable about the people they supported.

People were involved in planning their support and deciding in which way their support was provided. Each person had a detailed care plan which was reflective of their needs and had been reviewed at regular intervals and after significant events.

People and staff knew whom to raise concerns to and information regarding the complaints procedure was available in the reception area of the service. The service had a consistent process for receiving and

recording complaints, concerns and compliments.

Quality assurance processes were in place. Feedback on the service was encouraged and people were provided with frequent opportunities to express their views on the care and support they received.

There was an open culture. People and staff found the registered manager supportive and approachable. The service sought the advice of other organisations upon management and quality assurance.

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? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains 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.

This inspection took place on 23 August 2017 and was announced. We provided 48 hours' notice of the inspection because the location provides a service to people in their own homes. We also needed to be sure that staff would be available during the inspection and that records would be accessible.

The inspection was carried out by one inspector.

Before the inspection, the provider 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 information we received about the service including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six people who used the service and one relative. We also spoke with the operations manager for the area, registered manager and five other members of staff.

We looked at six people's care records. We reviewed three staff recruitment files, the staff duty rota and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us that they felt safe. One person told us, "I feel safe in my home and the staff are always here." All the members of staff we spoke with demonstrated a clear knowledge of their responsibilities in relation to safeguarding people. Records confirmed that staff had received training on safeguarding procedures. One member of staff told us, "The training is detailed and informs us what we need to do should we suspect any abuse."

Personalised risk assessments were in place for each person. These were monitored and gave guidance to staff on any specific areas where people were at risk. Assessments seen included risks in relation to specific health issues and well-being, personal safety and mobility needs. Therefore people were protected and supported appropriately.

The staffing rotas were designed to provide sufficient staff on duty at the times required to support people with their specific needs. The registered manager confirmed that staffing levels were monitored and adapted based upon the assessed needs of each person being supported at the service. One person told us, "There are always enough staff here morning noon or night."

Staff were recruited following a robust procedure. The recruitment files we reviewed showed that relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff had been completed. This showed suitable staff were appointed.

The service continued to have safe systems in place to manage people's medicines safely. People continued to receive appropriate support to assist them to take their medicines safely. Medicines were only administered by staff that had been trained and assessed as competent to do so.

A review of the daily records showed that staff were recording when medicines had been given. Where issues with medicines had been identified by staff they had been reported and appropriate action taken, thereby keeping people and their medicines safe.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People continued to receive support from staff that were knowledgeable and had received training in how to support people with their assessed needs. One member of staff told us, "The induction gives you confidence and then there is further training arranged well in advance throughout the year." Another member of staff told us, "During induction we get the opportunity to read through people's care plans and we are introduced to people before we start working with them."

Staff continued to receive support in their roles from regular supervisions and appraisals. Training records showed that staff had completed the required training identified by the service and further courses were available to develop their skills and knowledge. Staff told us they had worked towards their care certificate and we saw records that showed a staff member had been supported to attend training on becoming a dignity champion.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us that they had received training on the requirements of the MCA and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support. We saw that best interest meetings had been arranged as required.

People's needs in relation to food and fluids were documented in their care plan, should the staff become concerned about their daily food and fluid intake. People told us they were supported with preparing meals by the staff. Where they needed assistance, this was recorded in their support plan. Staff we spoke with told us that they were aware of the different support people required in relation to their food and drink. We saw that people's support plans identified their choice of favourite foods and any allergies or foods they did not like.

People were supported to maintain good health. We noted from the care plans and daily records that people had accessed the services of health care professionals, such as their GP, practice nurse and chiropodist when required.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us that they were happy with the support they received and that staff were kind and helpful. One person said, "I am happy here, the staff are great and you can have a laugh and joke with them. They know me well." Another person told us, "I have rather a lot of personal and important items belonging to me for my hobbies. The staff cared about this and a beech hut was erected in the garden where I can store my things."

One person told us, "Since I have been living here, I do not feel alone anymore, there is always something going on or people to see and talk with." Staff spoke positively about working with the people at the service. One member of staff told us, "We support all of the people so we get to know everyone."

People told us the choices they made were respected. One person told us, "The staff help me to choose what to wear." Another person spoke with us about how the staff respected them. They said, "The staff always call me by my proper name."

People told us the staff protected their dignity especially when providing personal care and support. People told us they felt comfortable with all of the staff and had developed good relationships with each staff member. We saw that people's support plans had been regularly reviewed. Information had been recorded that people had given their consent to the support agreed. The plans were individualised because they identified individual needs and then addressed how staff were to support the person to meet those specific needs.

We observed that staff were respectful and treated people with privacy and dignity. We observed conversations where people were spoken to appropriately by staff and that all staff sought permission from people before entering their flat or individual room.

Staff continued to be aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission and ensured the safe storage of records.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People's care plans continued to identify the support they needed and how this was to be provided. One person said, "The care plan covers not only the basics but clearly identifies what I can do for myself and what the staff do to help me, such as I do my own washing."

People confirmed that they continued to be involved in planning their support. One person said, "They are always checking with me that I am okay and they encourage me to go to the keep fit session which is once per week." A member of staff told us, "The care is centred around the person and we use a plan called 'This is me' to capture and record the personal details." This showed us that people were involved and received personalised care.

One person told us about how the staff had supported them to take part in the Suffolk Care Home Olympics. A relative told us, "[My relative] has always been use to chickens, so having chickens here which the staff and residents look after was marvellous." People told us how they were supported by the staff to care for the chickens. This meant that people were supported to follow their interests.

Staff told us that they were kept informed of changes in people's needs through shift handover, meetings or by reading the updated support plans. Staff confirmed that a senior member of staff was always available if they had any questions or concerns regarding a person's care and support.

People were aware of the complaints procedure or who to speak to if they had concerns. One person told us, "I would speak to the manager and they would sort things out for me." A relative told us, "I have never had to make a complaint but I have every confidence in the manager and they would resolve matters."

There was an effective system for managing feedback. We saw that where complaints had been made they were logged and the action that had been taken recorded. We saw that complaints had been made about the call bell system and we saw that during our inspection a new system was being installed. Where compliments were received we saw that this was also recorded and then shared with the individual staff member or team. This demonstrated how the registered manager used feedback as opportunities to monitor and make improvements to the service.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The service had a registered manager. A registered manager is a person who has registered with the 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.

Staff told us that the registered manager provided them with consistent support and guidance and was actively involved in the running of the service. The registered manager was supported by an area manager and knowledgeable staff. A member of staff told us, "I like working here because we are well supported by the manager, everything is organised and the manager roles their sleeves up and helps when needed." Another member of staff told us, "It is clear when you are here what you are needed to do, we all have our rotas and times when you are to visit and support people."

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally in supervision and team meetings and informally through discussions at handover or whilst on shift with the registered manager. Staff also told us the service had an open culture and they were encouraged to discuss their work and any concerns.

There was a system for monitoring the service provided to people which included audits of care records such as care plans, risk assessments and daily visit records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of medicine administration records.

We saw that where complaints had been made they were logged and the action that had been taken recorded. We saw that complaints had been made about the call bell system and we saw that during our inspection a new system was being installed. Where compliments were received we saw that this was also recorded and then shared with the individual staff member or team. This demonstrated how the registered manager used feedback as opportunities to monitor and make improvements to the service.

We saw that regular feedback was sought from people, relatives and staff. The registered manager used this to evaluate the effectiveness of the service and the level of satisfaction of people and staff. This demonstrated how the registered manager used feedback and information from a variety of sources to drive future improvement in the service.