

Housing & Care 21

Housing & Care 21 - Rohan Gardens

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●

Summary of findings

Overall summary

Housing and Care 21 - Rohan Gardens, is an extra care housing complex which provides personal care and support to people in their own homes.

This inspection took place on 04 October 2017 and was unannounced.

We had previously carried out an unannounced comprehensive inspection of this service in August 2016. At that inspection we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We gave the provider a rating of 'requires improvement' in 'effective' as a result. This was because, where people lacked capacity to make decisions, this was not always clearly assessed or recorded. Applications to protect people who were being deprived of their liberty had not been made to the local authority as required. Following our visit, the provider sent us information telling us how they planned to ensure they met the legal requirements.

We undertook this focused inspection to check the provider had followed their plan and to confirm that they now met legal requirements. We found the provider had made the required improvements and was no longer in breach of the regulation. This report only covers our findings in relation to those requirements and to the key question of how effective the service was. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housing and Care 21 - Rohan Gardens, on our website at www.cqc.org.uk.

The service is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of this inspection the service had a registered manager in post.

People were supported by staff who were well trained and knowledgeable, and knew about people's needs and how they preferred them to be met. Staff had access to essential and specialist training on an ongoing basis, and had regular opportunities to meet individually so they could develop.

The registered manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. People were asked for their consent before staff supported them.

Staff supported people to eat a healthy and regular diet so they could manage their own health conditions. Staff supported people to attend health appointments, and ensured people had access to urgent medical attention where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

The provider had taken steps to ensure it was working within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity to make decisions, this was recorded, along with information about who could make decisions in people's best interests. This ensured staff had the information they needed to support people with decision making.

Staff were competent and trained to meet people's needs effectively. People were offered a choice of meals and drinks that met their dietary needs. Staff assisted people in managing their health and ensured they received timely support from appropriate health care professionals where required.

Housing & Care 21 - Rohan Gardens

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.

At our last inspection in August 2016 we found the provider was not meeting some legal requirements. This focussed inspection was carried out to check the provider had completed their planned improvements to meet legal requirements. We inspected the service against one of the five questions we ask about services: is the service effective?

The inspection was carried out on 04 October 2017. The inspection team consisted of one inspector.

Prior to our visit we reviewed the provider information return (PIR). The PIR 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 information we held about the service. This included information shared with us by the local authority and statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

During our visit we spoke with two care staff, the registered manager and the care co-ordinator. We also spoke with three people over the telephone following our inspection visit.

We reviewed care records for four people, and records kept by the provider on staff training.

Is the service effective?

Our findings

At our previous inspection in August 2016, we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because, where people lacked capacity to make decisions, this was not always clearly assessed or recorded. Applications required to protect people who were being deprived of their liberty had not been made to the local authority as required. At this inspection, we found improvements had been made. The rating has changed to Good.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager explained a number of improvements had been made since our previous inspection. They told us care records had been reviewed to ensure that, where people lacked capacity, this was clearly recorded and plans were in place to protect them. The registered manager told us the service did not currently support anyone who had their liberty restricted in any way, but was able to tell us what action they would take if any restrictions on people's care were identified.

When we reviewed care records, we found that, where people lacked capacity to make particular decisions, this had been assessed and was clearly recorded so staff knew which decisions people needed support with. For example, one person had been assessed as lacking capacity to understand how to store and take their medicines safely. This was clearly documented, and there was a record of who was authorised to make decisions about this aspect of the person's care in their 'best interests'. A best interests meeting had been documented, which indicated the person had someone who was legally authorised to make decisions about their care. The provider had ensured they had proof of this legal entitlement which was kept in the person's care records.

Another person's care plan indicated they lacked capacity to understand actions needed to reduce their risk of falling. This was documented in the person's care plan, and included information about those who were legally authorised to make decisions in relation to the person's care, together with documentary evidence of their entitlement to do so.

Staff were aware who might lack capacity to make decisions, and told us they had access to all the information on this that they needed. One staff member commented, "Some people do have capacity and some do not have capacity for some decisions. Where they do not, there is a capacity assessment in the support plan, which tells you who can make decisions in people's best interests."

Staff explained how they would support people who did not have capacity to understand their care needs. One staff member commented, "One person who has dementia says 'no' to everything we offer to help them

with. We are supported [by the provider] to work around it though. For example, you don't ask closed questions. So, if you were to say, 'can I help you have a shower now', this person will say 'no'. So, instead I say things like, 'it looks like today might be a good day to have a shower, what do you think?'" They added, "You cannot ever force anyone though. Everyone is different and has the right to choose, but if I thought it was becoming a problem and someone was at risk, I would raise it with the senior to see if things could be put into place."

People told us staff always sought their consent before supporting them. One person commented, "Oh yes, they always, always ask me first [before supporting me]." Staff understood the importance of seeking consent on a daily basis.

People were happy with the staff and felt they knew their needs well. One person said, "[Care worker] is excellent. Very good. Does exactly what is required. I am sure they have had all the basic training they need."

There was a programme of regular training for staff, such as safeguarding people, medication and food hygiene. Staff felt they had the right skills, training and experience to carry out their role effectively. Staff said they completed an induction which involved shadowing (working alongside) experienced staff members before they provided care on their own. The provider's induction included the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

One staff member explained how they had undertaken training which helped them support people living with dementia. "I have completed level one dementia training, and I am doing the level two at the moment. I then want to do my level three. They [provider] are so supportive. It has really helped me understand what people living with dementia are going through."

Staff told us they had regular opportunities to meet individually with a senior member of staff where they discussed their personal development and training requirements. Staff felt more confident and well supported as a result. One staff member explained, "I had a meeting recently, we talked about my goals, where I see myself in the next six to twelve months."

Nobody we spoke with required regular support with eating, drinking, or food preparation. One person required occasional support and told us, "My carer makes me a light breakfast, which is very good." Some people were supported to maintain a healthy, balanced diet, for example if they had health conditions such as diabetes which could be made worse if they did not eat well. Where this was the case, care records included guidance for staff on how they should encourage people to eat, and what action they should take if they were concerned. One staff member explained, "There are a few people where you have to watch what they eat as it could have an impact on their blood sugars. If I had concerns, as I have in the past, I have raised it with the person and senior staff, and they have arranged for a diabetes nurse appointment."

People told us staff helped them to arrange health appointments if they asked them to, while others had family members they could rely on. Staff said they helped people manage their health and well-being if this was part of their care plan. Records confirmed the provider involved other health professionals with people's care when required including occupational therapists and GPs. People we spoke with were independent and said they usually arranged their own appointments where needed.