

Axiom Housing Association Limited

The Spinney

Inspection report

Neath Court
Eye
Peterborough
Cambridgeshire
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Tel: 01733221083

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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?	Requires Improvement ●

Summary of findings

Overall summary

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 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 service.

People using the service, The Spinney, live in one building, called The Spinney. There are 52 one or two-bedroom flats each with their own front door onto shared corridors, spread over three floors. There are other shared facilities such as lounges, assisted bathrooms, a hairdressing salon and a dining room where the housing provider offers people a cooked lunch. The domiciliary care agency that we were inspecting (The Spinney) has an office on the ground floor.

Not everyone living at The Spinney receives a service from the agency. CQC only inspects the service, which people provided with the regulated activity 'personal care' receive; help with tasks related to personal hygiene and eating. Where people do receive personal care we also take into account any wider social care provided. Thirty-nine people were receiving personal care at the time of the inspection.

The inspection visits to the service's office took place on 7 August 2018 and 18 September 2018. Both visits were announced. For the first visit we gave the service 24 hours' notice as we needed to be sure that there would be someone in the office. The delay in carrying out the second visit was due to the availability of the inspector.

There was 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 2008 and associated Regulations about how they run the service.

At our inspection in August 2017, we rated The Spinney Requires Improvement in two key questions, safe and well-led, and Requires Improvement overall.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well-led to at least good. At this inspection we found that the provider had made improvements to keep people safe and to report issues appropriately. However, although the provider had reported events to the local safeguarding team and had investigated those events appropriately, they had not always sent the relevant notification to the CQC. The law requires providers to notify CQC of notable events that happen in the service and this had not always happened.

People felt safe and were protected as far as possible by staff who were trained to report any avoidable harm or abuse. Staff had assessed any potential risks to people and had put measures in place to reduce the

risk. There were enough staff to meet people's assessed needs in a timely manner and keep people safe. The provider's recruitment process reduced the risk of them employing unsuitable staff.

Staff followed the correct procedures to prevent the spread of infection and knew how to report any accidents and incidents. Staff had undertaken training in how to give medicines safely and as they were prescribed.

Senior staff carried out assessments of people's needs to ensure that staff were able to meet those needs in the way the person preferred. The provider used technology, such as an alarm call system, to enhance the care provided by the staff.

New staff received a thorough induction during which they shadowed more experienced staff. Staff received training, supervision and support so that they could do their job as well as possible. Staff helped people to make their own breakfast and evening meal, if the person needed help. The housing provider supplied a three-course lunch in the dining room, which staff from the agency served. Staff involved other healthcare professionals to support people to maintain their health.

Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives made positive comments about the staff. Staff treated people kindly and showed they knew each person well. People were involved in planning their care and support. Staff respected people's privacy and dignity and supported people to remain as independent as possible.

Care plans gave staff detailed guidance relating to the care and support each person needed so that people received personalised care that was responsive to their individual needs.

A complaints process was in place and the registered manager responded in a timely manner to all complaints. The provider had a process in place to meet people's end-of-life care needs when the person needed this.

Staff felt supported by the registered manager and the care team leader. Staff were clear about their role to provide people with a high-quality service, thus upholding the provider's values. Staff liked working for this service.

The provider had a quality assurance system in place. The system included a number of ways in which people, their relatives and staff could give their views about the service and how the provider could improve it. Various members of staff carried out audits and monitoring checks on aspects of the service.

The registered manager worked in partnership with other professionals to give people joined-up care.

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.

Staff understood their responsibilities and were competent to protect people from harm.

Staff assessed and managed any potential risks to people. Staff gave people their medicines safely.

The provider employed enough staff to meet people's assessed needs and keep them safe. The recruitment process helped to make sure staff were suitable to work for this service.

Is the service effective?

Good ●

The service was effective.

Senior staff assessed people's needs to ensure that the service could give them the care and support they needed.

Staff undertook training in a range of topics and attended supervision sessions so that they could do their job well.

Staff supported people to eat and drink well. Staff involved other professionals to make sure people remained as healthy as possible.

Is the service caring?

Good ●

The service was caring.

People and staff liked each other and got on well together.

Staff respected people's privacy and dignity and helped people to maintain their independence.

People were involved in making their own decisions about the care and support they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care plans gave staff detailed guidance on how to meet each person's individual needs.

Staff arranged as many activities, outings and entertainments for which their fund-raising efforts were able to provide the funding.

The registered manager responded to complaints in line with the provider's complaints policy.

Is the service well-led?

The service was not always well-led.

The provider had not always notified CQC of important events that happened in the service.

The registered manager was a strong leader. Staff knew and upheld the values and ethos of the service.

The provider had a quality assurance system in place which gave people, their relatives, staff and others opportunities to comment on the quality of the service.

Requires Improvement 

The Spinney

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.

Our inspection activity started on 7 August 2018 and ended on 19 September 2018. The inspection included two visits to the provider's office, which we announced. We gave the service 24 hours' notice of the first visit to the office because we needed to be sure that someone was available. The first visit was on 7 August 2018. One inspector and an expert-by-experience carried out this visit. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience had experience of caring for someone who used a wide range of health and social care services. Our second visit was on 18 September 2018 and the inspector carried this out. On 19 September 2018 the provider sent us some information we had requested.

Before the first visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about. On 11 June 2018 the provider had sent us a completed 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 spoke with eight people who were receiving the service and five relatives who were visiting. We spoke with the care team leader, eight care workers, the hairdresser, the area manager and the registered manager. We looked at three people's care records as well as other records relating to the management of the service. These included medicine administration charts, audit records, and the complaints folder.

Is the service safe?

Our findings

At our inspection in August 2017 we found that the service was not always safe. This was because staff had not recognised that incidents of abuse had occurred between two people living at the service. This meant that staff had not reported the incidents and the provider had not carried out investigations or put actions in place to prevent recurrence.

At this inspection, the two people involved were no longer living at the service. We found that the provider had made improvements. Staff had recorded all incidents, reported them to the provider's safeguarding team and escalated them to the local authority safeguarding team as required. Staff were aware of what they needed to report and to whom and the registered manager knew the process for reporting internally and to the local authority safeguarding team.

At our inspection in August 2017 we also found that the provider had not carried out risk assessments relating to people whose behaviour challenged the service and others. This meant that they had not put guidance in place for staff on how to manage these behaviours to keep people living at The Spinney, their visitors and staff safe.

At this inspection the registered manager assured us that they had carried out risk assessments for all potential risks to people. Care plans included personalised risk assessments and guidance for staff on how to manage the risks so that the person was as safe as possible. For example, a 'hoist information sheet' in one person's care plan gave staff detailed instructions about using the hoist for this person. This included photographic instructions about fitting the sling.

People felt safe using the service. They gave us a range of reasons why they felt safe. These included staff numbers, the alarm call system, the safety of the building and knowing there were staff around if they needed them. One person said, "...it is peace of mind that someone is coming to check I am okay." Another person told us, "I feel totally safe here."

There were enough staff to make sure that people received the service they needed. People told us that staff "never miss a visit" and "[Staff] are usually on time and never miss a call." Some staff felt that they were rushing to fit all calls in. The registered manager explained that at the time of the inspection there were enough staff to cover all the visits needed. Staff had got used to having gaps between calls, which had stopped when some staff had left recently. One member of staff said, "We have back-to-back calls, but that's what we're paid for." The registered manager was recruiting new staff to allow for more flexibility in the staff rotas.

The provider had a recruitment procedure in place to make sure that new staff were suitable to work for The Spinney. This included checks with the prospective staff member's previous employers, identity checks and criminal record checks.

Staff gave prescribed medicines safely and on time if this was part of the person's care. A relative told us that

staff managed their family member's medicines well. Staff had undertaken training and the registered manager or care team leader had checked their competence to give medicines correctly. Twenty-three people who used the service needed staff support with their medicines.

Staff had received training and followed the provider's procedures to prevent the spread of infection. One person told us, "[Staff] are really good with hygiene. I have several different creams and they change their gloves between each one." Another person said, "Staff always wear aprons when they help me with personal things."

Staff had recorded accidents and incidents and there was evidence that senior staff had put actions in place so that staff could learn from what had happened.

Is the service effective?

Our findings

The provider continued to provide an effective service. The registered manager and care team leader undertook full assessments of people's needs before they offered the person a service. This was to ensure that staff would be able to meet the person's needs effectively. One person told us, "We discussed my care plan when I came in. It was very helpful and they seemed to understand what I needed."

The service used technology to enhance the care provided. Each person had an alarm call system in their flat so that they could call staff in an emergency. The system included wrist or pendant alarms so that people could use the alarm wherever they were, including if they had fallen to the floor. One person told us, "There are buzzers and alarms everywhere so I feel really safe." A relative said, "Staff...always respond quickly if you press an alarm." Staff also responded to other alarms, such as door sensors and pressure pads, which the provider used to keep people safe. Staff carried a telephone handset so that they could ring colleagues for help if they needed to.

New staff received induction before they could provide care to people on their own. They undertook training and then shadowed an experienced member of staff. One staff member said, "I had two weeks of shadowing [other members of staff], which definitely prepared me for the job." The provider had ensured that staff had undertaken the training they needed so that they could do their jobs well. They offered training in a wide range of topics, including moving and handling; mental capacity; safeguarding and health and safety. Some training was via the computer and external trainers taught some topics face-to-face. The registered manager had plans in place to add other topics, such as how to deal with bereavement.

All staff received supervision from senior staff. One member of staff told us, "I feel supported by the other care staff – we work as a team."

People and their families made all decisions about the person's meals. There was a dining room on the ground floor where the housing provider employed catering staff who offered a three-course lunch. Staff from the agency provided lunch service. Staff asked people to choose the meals they wanted, served lunch and supported people who needed assistance such as having their food cut up. Staff took meals to people in their flat if the person wasn't well and the chef catered for special diets. When it was part of the person's package of care, staff assisted people with preparing breakfast or a light evening meal and they made sure people had enough drinks. A relative told us, "[My family member] seems to get a balanced diet and staff will help her to eat if she struggles."

Staff worked closely with other organisations to make sure people received care and support that met their needs. For example, the registered manager had recently made a referral to the falls team when one person needed their assistance. Care records for another person included advice from a speech and language therapist who staff had contacted.

Staff worked with people to help them maintain their health. Staff supported people to make and attend health-related appointments, if the person wanted them to. A healthcare professional told us, "Staff are

knowledgeable, helpful and always follow our advice. [Person] is very happy with their care here."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training and had a good understanding of the ways in which this legislation related to their everyday work. Staff gave people choices in as many aspects of their lives as possible and asked people's consent before they provided them with care and support.

Is the service caring?

Our findings

Staff were good at caring for people. People's comments included, "The staff do take their time with me. The night staff are especially good", "The carers are very very good, I can't fault them" and "I can't find fault with any of the staff." A relative said, "[Staff] treat my family member really well and talk to her in a very adult and caring way. They seem to treat everyone as individuals."

Staff knew each person well and made people feel that they mattered. A relative said, "Staff are wonderful. They know [my family member], all her little ways, and understand her." Staff chatted with people about their families and their interests and people showed interest in the staff. A relative said, "I can't speak highly enough of the staff... they are fantastic. I can ask the staff anything about [my family member]. They are frank and honest and they really know the residents." A member of staff told us that each person "is treated as an individual and their needs are met."

People and staff got on well together and had warm, caring, respectful relationships. One person said, "Staff treat you as a normal individual. They don't talk down to you or anything like that." There was laughter and friendly banter throughout the day, which people enjoyed. While in one person's flat we saw staff look up from the garden and wave. The person said, "They always look up and wave when they're walking through the garden. Isn't that nice?" Staff showed genuine concern about people's well-being.

People made their own decisions about the care and support they wanted. They did this with or without the help of their relatives. Staff worked in a way that made sure they upheld people's decisions and wishes.

Most people who used the service had relatives who acted on the person's behalf when the person wanted them to. The registered manager had put information about advocacy services on the notice board but no-one needed support with their affairs from an independent person. Staff welcomed relatives and friends and they could visit whenever they wanted to.

Staff respected people's privacy and dignity. People gave us several examples of ways in which the staff did this, including closing doors and curtains and "turning away if I'm naked." Staff supported people to be as independent as possible, giving people time to do things for themselves. The registered manager and care coordinator respected people's choice if they preferred male or female staff. At the time of the inspection, the service employed one male staff member.

Is the service responsive?

Our findings

The service provided care and support that was responsive to people's needs. People were fully involved in planning their care and support and knew they had a care plan in their flat. One person told us, "I've got a care plan. I know [staff] record things in it regularly and we have a chat about it." Relatives told us they were involved in planning their family member's care and one relative said when they visited they looked at the notes the staff had written.

People's care records included a 'Care plan and how to support me'. This gave staff detailed, personalised information about the care and support each person needed at each care visit. The information included what the person could do for themselves. For example, one person only needed help to wash their back and they could do the rest themselves. Important information, such as if the person had any allergies, was in red, which made it stand out very clearly. Staff carried out reviews of care plans at least every six months to make sure the plans were up to date and still meeting the person's needs.

Some funding was available so that staff could provide some activities and entertainments for people. However, this was minimal, so staff, relatives and friends of The Spinney carried out fund-raising events. Staff spent the money raised on behalf of the people living at The Spinney arranging additional activities and outings. Staff, relatives and friends of The Spinney gave their time to volunteer to support these events. Staff held a monthly 'cake and raffle' morning and the Sunday before our visit staff had arranged a balloon race and musical bingo. A poster on the notice board showed that staff arranged at least one activity each day.

The provider had a process in place so that people could raise concerns if they wanted to. People and their relatives knew how and to whom to complain. One relative told us, "I'd go to [name of registered manager] to raise any concerns, but I've never had to."

The service did not admit people who were already on end-of-life care. However, staff provided end-of-life care to people whose health deteriorated while they were living at The Spinney. The staff had recently supported one person who had wanted to remain in their home to die. External professionals such as the GP and community nurses supported the staff so that people did not have to go to hospital if they did not want to.

Is the service well-led?

Our findings

At our inspection in August 2017 we found that the service was not always well-led. This was because the provider had not always notified CQC of some of the events that had happened in the service that the law required them to tell us about. The member of staff managing the service at the time had not been aware of some of the incidents that had happened.

At this inspection, we found that the provider had made some improvements. The registered manager had reported incidents to the provider's safeguarding team and escalated them to the local authority safeguarding team as required. However, the provider had not always sent a notification to CQC relating to the safeguarding referrals that they had made to the local authority.

The provider's representative explained that this was an oversight that had occurred when the provider was merging with another company and some of the systems and processes were changing. We accepted that this was an administrative error and we were satisfied that the provider had taken all appropriate actions to ensure that people were safe. We will monitor this situation closely and if the provider does not notify CQC in the future, we might have to consider enforcement action.

People and their relatives were very complimentary about the service provided by the staff of The Spinney. People's comments included, "I love it here and I'm really happy"; "It's very good here. I have no complaints about the way it's run"; and "It's lovely here. I wouldn't want to be anywhere else."

There was a registered manager in place. 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.

People, their relatives and most of the staff made very positive comments about the registered manager. One relative told us, "[Registered manager] is lovely – obliging and helpful." A member of staff said, "[Registered manager] has been very good...and supportive." Another member of staff explained that the service had improved since the registered manager returned to work after being absent from the service. They said, "[Registered manager] is very good. It was like a ship without a captain [when she was off]."

There was an open, person-centred culture and staff were aware of their responsibility to work within the provider's values and ethos. The registered manager told us, "I've got a really good team [of staff], good values, good ethos and they provide a really good service. I want this to be the best it can be." Even though staff said they had had "a tough couple of weeks" (due to staff sickness) most of them were very pleased and proud to be working for The Spinney. Their comments included: "I love this job"; "I enjoy it here and get on with most of the other staff"; "We all bend over backwards to help as much as we can"; "Because I love my job I'm happy"; "I love it here. I really do enjoy my job, I love it." And "Staff are brilliant, and management supportive. We all work together as a team."

The provider had a quality assurance process in place. It included a number of ways, both formal and informal, in which the provider gave people, relatives, staff and others with an interest in the service opportunities to express their views about the service. The registered manager had held a 'relatives' and residents' meeting' a week before the inspection. They encouraged and welcomed everyone's views. The registered manager sent out a newsletter every two months to keep everyone aware of what was going on in the service and this included any improvements arising from suggestions.

The provider sent out a written questionnaire every six months so that people could comment on the service, anonymously if they wanted to. Staff undertook reviews of people's care every six months and updated care plans if there were any changes to the person's preferred care.

Two members of staff had undertaken auditing training and they carried out monthly audits on a range of areas of care. These included medicines and care plans. The registered manager held staff meetings regularly and wrote minutes so that all staff could know what was going on. Only one member of staff told us that they didn't get any feedback when they raised concerns. A representative of the provider carried out an annual audit of all aspects of the service and put an action plan in place to address any shortfalls. The registered manager stated that they had completed all actions from the most recent audit, done in December 2017.

The registered manager told us that the service "was very much part of the local community" with a high number of volunteers, including people's relatives, working to raise money for, and support, outings and entertainment.

The service worked in partnership with other agencies, particularly the local GPs and community nurses, to provide joined-up care to people.