

Housing & Care 21

Housing & Care 21 - Oakwood Gardens and Mayfield Close

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

We visited the offices of Housing & Care 21 - Oakwood Gardens and Mayfield Close Central on 20 July 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Housing & Care 21 - Oakwood Gardens and Mayfield Close provides an extra care housing service within a complex of flats which are managed by the provider. The service provides personal care and support to people in their own homes. People have access to communal facilities including a lounge, gardens, an activity room, a laundry, a hairdresser, a beauticians and a restaurant which offers hot and cold meals daily. At the time of our visit there were 74 people living within the service and 38 of these people received care and support. The service was registered with the CQC in 2015 and had not been inspected before under the Health and Social Care Act 2008 and associated Regulations.

The service has a registered manager. 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 told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on staff to ensure their suitability to work with people who used the service. Some people told us their care calls were late. There had been significant staffing changes and more care staff were in the process of being recruited to improve call times.

Staff received an induction and a programme of training to support them in meeting people's needs effectively. Staff understood the principles of the Mental Capacity Act (MCA) and staff respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind and caring and had the right skills to provide the care and support they required. Care plans contained relevant information for staff to help them provide the care people required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed.

People knew how to complain and were able to share their views and opinions about the service they received. However some people said they found senior staff inaccessible within the service.

Staff were encouraged to share ideas to make improvements to the service and they felt able to raise any concerns to their manager. However, staff did not always feel supported by their line managers due to

significant staffing changes within the service.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with staff, returned surveys and a programme of other checks and audits.

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.

People were kept safe because risks to people's individual health and wellbeing were identified and staff followed care plans to minimise these risks. Staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the registered manager checked staff were suitable to deliver care before they started working with people at the service. Some people told us their care calls were late. There had been significant staffing changes and more care staff were in the process of being recruited to improve call times.

Is the service effective?

Good ●

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and staff gained people's consent before care was provided. People who required support had enough to eat and drink during the day and were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. Staff ensured they respected people's privacy and dignity, and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to complain and were able to share their views and opinions about the service they received.

Is the service well-led?

Good 

The service was well led.

Staff were encouraged to share ideas to make improvements to the service and they felt able to raise any concerns to senior staff. There had been significant staffing changes within the service a month prior to our inspection visit and people who used the service did not always feel senior staff were accessible. The quality assurance process ensured good standards of care were maintained.

Housing & Care 21 - Oakwood Gardens and Mayfield Close

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.

The inspection took place on 20 July 2016 and was announced. We told the registered manager prior to the inspection that we would be coming, so they and the staff were available to speak with us. The inspection was conducted by one 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.

We reviewed information received about the service, for example the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. 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 found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They shared information with us about issues within the previous 12 months which had affected the quality of people's care, but raised no serious current concerns about the service.

Before the office visit we sent surveys to people who used the service to obtain their views about the quality of care they received. Surveys were returned from three people who used the service and one community professional who was involved in the care of people who used the service. Before our inspection visit we

contacted people who used the service by telephone and spoke with nine people, including two relatives. During our inspection we spoke with the registered manager, the temporary regional operations manager, the care manager and two support workers. [The registered manager had been temporarily absent from the service during the previous two months. During this period there had been other staffing changes, where a new care manager had started in post.]

We reviewed four people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with told us they felt safe because they received care from staff they knew well and trusted. Two people told us, "Yes it is safe living here, as there are now cameras, no steps and we feel quite secure" and "I definitely feel safe". Everyone who used the service that responded to our survey told us they felt safe from abuse or harm from the staff of the service. People told us they felt comfortable talking with staff or a manager if they felt unsafe. People were protected from the risk of abuse because staff knew what to do if concerns were raised. Records showed concerns about potential abuse had been appropriately reported and action was taken by the registered manager to keep people safe.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed, to identify any potential risks to them during their care and support. The registered manager told us they or the care team leader wrote people's risk assessments and these were reviewed regularly.

Staff knew about individual risks to people's health and wellbeing and how these were to be managed. One person told us, "When the staff use the hoist there are always two carers and they call out the checks to each other before lifting me up". Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, one person had been assessed for risks to move around their home because they had poor mobility. The care plan gave detailed instructions to staff about how to support the person dependant on their fluctuating needs.

Incidents were recorded and actions were taken to protect people and keep them safe. One person told us, "I have a personal alarm and when I need assistance the staff response is fairly good." We found records of incidents included the actions taken as a result of any incident. A member of staff told us how they dealt with a recent incident where one person required medical attention due to a fall. They explained after the person had been made safe, they completed an accident form and gave it to the manager and made a record in the communication book to share information with other staff. The registered manager explained that they monitored reported incidents every month and looked for any patterns in order to prevent reoccurrence of future incidents. They gave an example where one person had recently experienced a fall, so they had assessed the person's needs and provided additional support for the person to ensure their safety. Records showed information about risks were escalated to the provider on a regular basis. The provider reviewed the information again in order to ensure people were protected.

Records showed risk assessments were completed for people's homes and the provider had ensured safety checks were completed for the water, gas, electricity, equipment and fire safety in people's homes.

Some people told us staff were sometimes late and did not always contact them to advise the change in call time. Two people told us, "They don't always arrive when they should" and "I have a good relationship with all the staff, but sometimes there does not seem to be enough staff on." The manager told us they were aware of this issue and explained that new carers were currently being recruited and that existing staff had been covering shifts where necessary. They told us the care manager had recently started in their post and

taken over the responsibility of scheduling call times. Staff confirmed that care call times had improved since the new care manager had taken over the rota and staffing levels were increasing. One member of staff told us, "The rota is really good now that the care manager has made changes."

The provider had an out of hour's on-call system when the office was closed. Staff told us they felt supported by this system and could always contact a senior member of staff for advice.

The registered manager checked staff were suitable to support people before they began working in the service, which minimised risks of potential abuse to people. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. Staff had received training to administer medicines safely which included checks on their competence. They recorded in people's records when medicines had been taken and they signed a medicine administration record (MAR) sheet to confirm this. Staff knew what action to take to protect people if there was a medicine error. The care manager explained the additional checks they had introduced on the medicine administration system, since they had begun in their post. We saw any errors were identified, recorded and improvements were made to ensure people's safety and prevent reoccurrence of similar events in future.

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively. Two people told us, "Staff are very good and hard working. I feel they do the job because they want to, you can feel that when they visit" and "The staff are very good." The registered manager explained how they matched staff to people who used the service to ensure people got on well and staff were able to meet their needs.

Staff told us they completed an induction when they first started work, which prepared them for their role before they worked with people in their homes. One member of staff told us, "If I've got any queries, I go to a senior member of the team and they go over it with me. Or if I feel like I need more time or training, they will organise this for me." The registered manager explained that new members of staff were in the process of completing the nationally recognised Care Certificate during their induction period. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Records showed existing staff had obtained other nationally recognised care qualifications.

Staff received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, safeguarding people and medicine administration training. Staff were happy with the training they received. A member of staff told us, "The training is very thorough and staff have shared their experiences with me." Staff said they were supported to do training linked to people's needs, such as dementia. Staff recently received training specifically about one person's health needs from a health professional who treated that person. The care manager told us the training had helped staff to support the person and meet their needs more effectively.

The 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. We checked whether the provider was working within the principles of the MCA.

The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances, but they all had somebody who could support them to make these decisions in their best interest. We found there were no documented mental capacity assessments for these people, so their capacity to make decisions was not clear. We discussed this with the registered manager who agreed they would seek clarification on this issue and amend people's care plans to reflect any changes in their needs.

People told us staff gained their consent before supporting them. Staff we spoke with understood the requirements of the MCA. They knew they could only provide care and support to people who had given their consent. One member of staff told us, "I ask people if they'd like support. If they say no, I ask them why

and we have a chat."

Some people told us they received food and drinks prepared by staff. We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs. One member of staff told us, "We always give people choices." The registered manager told us how they worked closely with one person who had lost weight. They explained how staff monitored the person's food and fluid intake, to ensure that any risks to their health were identified. A member of staff told us, "[Name] doesn't eat well, so we encourage them to eat. If I noticed they were losing weight, I would advise the team leader and they would make a referral [to a health professional]." The registered manager told us additional support was provided to ensure the person received the meals they enjoyed and the person's weight had improved.

People's health was monitored and where a need was identified, they were referred to the relevant healthcare professional, including district nurses and occupational therapists (OT). Staff told us they supported people to manage their health and well-being if this was part of their care plan. For example, a member of staff told us about one person whose physical health had deteriorated. They told us they had monitored the person's health and involved an OT to obtain specialist equipment to help them move about more easily in their property. The registered manager told us they had a good relationship with local district nurses, who visited people in the service and they liaised with them to provide training to meet people's needs.

Is the service caring?

Our findings

People told us staff were caring and treated them with kindness. Two people told us, "Staff are so friendly" and "The carers are very good, I've not got a bad word to say about any of them." Everyone who used the service that responded to our survey, told us they were happy with the care and support they received and their care workers were caring and kind. Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. The registered manager gave an example of one person with complex physical health issues, who had moved from a residential home setting where they, "Would not engage with people and isolated themselves." The registered manager explained how with support from staff, their health and their quality of life had improved so much that they now used specialist equipment to move around freely and enjoyed mixing with people in communal areas. A health professional gave us positive feedback in our survey. They told us, 'I am aware that some of the care staff go the extra mile for customers. For example one carer plays guitar to a customer who is no longer able to play. The care staff strive to constantly improve their service and meet customers' expectations and needs.'

People told us staff were compassionate and supported them according to their individual needs. They told us staff took time to listen to them and supported them to express themselves according to their abilities to communicate. A member of staff told us, "We are encouraged at induction to sit with people at the end of a call." They explained how they communicated with one person who had limited verbal communication skills. They told us, "[Name] uses a lot of thumbs up and thumbs down. [Name] is interesting and we get on really well."

The registered manager told us person centred care was about, "What the person wants, not what someone thinks they should have." Staff demonstrated a clear understanding of the caring ethos the registered manager was keen to promote. A member of staff told us, "Person centred care is about focussing on our customer's individual needs and giving them the choice they want."

People told us staff were kind and treated them with dignity and respect. Everyone who used the service that responded to our survey, told us their care and support workers always treated them with respect and dignity. Two people told us, "I have carers come in four times a day, they are very good, respectful and friendly" and "I feel comfortable with the staff, they do consider my privacy and dignity." All the staff we spoke with told us they always treated people with respect and dignity. A member of staff explained how they maintained people's dignity whilst supporting them. They told us, "I ask them if they mind, I close the doors and curtains in the bathroom. I do whatever feels more comfortable for them and make sure their needs are met."

Is the service responsive?

Our findings

People told us they were happy with their care and that staff supported them to be independent. Staff had a good understanding of people's care and support needs. For example, a member of staff told us how they noticed one person's mobility had declined. They shared this information with their line manager and supported the person to be reviewed by the local authority. As a result, the person received an increased amount of support and these changes were updated on their care plans, so all staff were aware.

Everyone who used the service that responded to our survey, told us they were involved in decision-making about their care and support needs. Care plans were reviewed regularly by staff. The registered manager told us, "We arrange a formal meeting and send out invitation letters to family, depending on what the customer wants." We saw feedback was requested about the quality of the service, as part of the review process. The registered manager explained if people raised any concerns about their care, these were addressed on an individual basis and improvements were made. Records showed that following reviews of people's care needs, changes were made where appropriate, to the way people were supported.

Staff told us they had time to read people's care plans. A member of staff said, "People's plans include a summary of their routine, which I found very useful when I started." A member of staff told us about the different ways staff shared important information. They explained they talked to each other during their shifts, they used the communication book where staff wrote important messages about changes to people's care and they discussed people's care needs at staff meetings.

Staff encouraged people to be independent and supported people to make choices. A member of staff explained how they knew what people's preferences were, they said, "I pay attention when people talk to me. For example, one person likes milky tea with their breakfast. It is about attention to detail." Another member of staff explained how they helped one person who had limited verbal communication skills. They said, "I show [Name] a choice of meals and a variety of clothes and they give me a thumbs up or down. [Name] likes particular styles of clothes because they feel more comfortable. I ask [Name] questions and they will point to things." Records showed people had been asked about their preferences, including what foods they liked and about their routines.

People were engaged in activities that were meaningful to them. A member of staff told us, "There are lots of activities. We take people to join in with them." The registered manager said, "Activities have blossomed here. We have a part time activities coordinator." We saw activities included bingo, live entertainers, cheese and wine parties, exercise classes and outings into the local community. People who used the service had formed a social committee and they were involved in choosing activities which interested them. Services were held regularly in communal areas, by local visiting church groups.

Everyone who used the service that responded to our survey, told us they knew how to make a complaint about the service and that care and support workers responded well to any complaints or concerns raised. One person told us, "If I had any concerns I would see the manager if they are not here I would see the under-manager." People told us they had the information they needed to make a complaint. Staff knew how

to support people if they wanted to complain. A member of staff told us, "If we know something's wrong, we tell the manager."

The provider's complaints policy was accessible to people within the service and in their homes. People told us they had the information they needed to make a complaint. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. The registered manager explained that they logged any issues or concerns people raised, on their complaint register. Therefore there had been 19 complaints raised in the last 12 months. Complaints had been dealt with in a timely way and in accordance with the provider's policy. Six compliments about the service had been recorded. For example, there was note from one person's relatives to say thank you to staff for the care their family member had received.

The registered manager explained there were several ways people could share their experiences of the service using, "The quality survey, the suggestions, comments and complaints procedure, residents meetings and care reviews." We saw when residents meetings took place, responses to people's queries were provided and information about any actions being taken were made easily accessible to people in communal areas. For example, people wanted a larger laundry area. The issue was investigated by senior staff on behalf of the provider and a response was issued.

Is the service well-led?

Our findings

People we spoke with told us they were generally satisfied with the quality of the service. One person told us, "Overall it's a good team, they work together, they are just so over worked." Everyone who used the service that responded to our survey, told us they knew who to contact in the care agency if they needed to. However, people we spoke with had mixed opinions about the accessibility of senior staff. Two people told us, "You only see the manager if you go to the office, they never visit you" and "If you needed to see the manager, the office is usually empty."

The registered manager was leaving the service permanently, following our inspection visit. The new temporary regional operations manager and the newly appointed care manager were to oversee the responsibilities of the registered manager's role, in their absence. Care staff told us they found the registered manager approachable. They were positive about the leadership of the service and about the guidance they were offered. One member of staff told us, "I really get on with the manager. I say anything I find concerning. We all get on really well." Another member of staff said, "I can speak to the manager anytime I want. I am disappointed to be losing the manager, they are equal with everyone."

Staff told us their knowledge and learning was monitored through a system of supervision meetings and observational checks of their practice (spot checks), however these were not all up to date. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. We found that not all new staff had met with their line manager during their induction period and this was not in accordance with the provider's policies. The registered manager told us that due to their recent temporary absence, some spot checks and supervisions had not been completed. We saw senior staff were working through an action plan to ensure that all staff received a supervision and spot check within the next eight weeks. Some staff we spoke with, including senior staff, told us they did not always feel supported in their role by their line managers, due to staffing changes which were taking place.

Staff told us communication within the service was transparent and they were asked for their opinions on how the service could be improved. We saw there were regular staff meetings where staff were asked to contribute and share their ideas for the development of the service. A member of staff told us, "We talk about everything at team meetings. We speak frankly, it's open and we disagree sometimes." The registered manager told us, "I am pleased about the cohesiveness of the team."

People who used the service were encouraged to provide feedback on how things were managed, by completing surveys. Questionnaires had last been sent out in July 2015 and we saw the responses had been collated by the provider and shared openly with people in communal areas. Where issues had been raised, we saw actions had been taken to make improvements to the service, For example, some people thought some carers lacked experience. This issue was acknowledged and placed on an improvement list for senior staff to address.

The manager was aware of their responsibilities as a registered manager and had sent us notifications about important events and incidents that occurred at the home. They notified other relevant professionals about

issues where appropriate, such as the local authority. In the temporary absence of the registered manager, their line manager had completed the provider information return (PIR) which is required by law. We found the information reflected the service. The registered manager was aware of the achievements and the challenges which faced the service. The registered manager told us they kept staff up to date with best practice by sharing information in staff meetings and by circulating new policies and important information for staff to read.

There were systems in place to monitor the quality of service, this included checks made by the registered manager on a monthly basis. Checks were made on MARs records, care plans, accident and incident records, safeguarding records and call rotas. The registered manager explained that due to their recent temporary absence and the loss of the previous care manager, checks had not been completed during the last two months. We saw the registered manager had put together an action plan to bring these issues up to date before they left the service permanently. Records showed the registered manager's checks were thorough and where actions were required, action plans were followed and improvements were made. For example, the registered manager explained how their checks of the call rotas had identified issues with incorrect call times. They told us they had worked closely with the new care manager and these issues had reduced significantly. The provider made an additional check on the service on an annual basis. We saw where issues were identified, actions were taken to improve the service. For example, the provider had identified that risk assessment processes did not always identify hazards. The registered manager explained how they had reviewed each person's care plans to ensure all risks to people's safety were recorded and monitored.