

Housing & Care 21

Housing & Care 21 - Bridlington Branch

Inspection report

Applegarth Court
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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 

Overall summary

The inspection of Housing & Care 21 – Bridlington Branch was on 17 September 2015 and was announced. At the previous inspection on 7 January 2014 the regulations we assessed were all being met by the service.

The organisation Housing & Care 21 has three service ‘arms’ or businesses, which provide separate services for people that require support of a particular sort. These are (1) a sheltered housing scheme, (2) an extra care scheme and (3) domiciliary care services.

Housing & Care 21 – Bridlington Branch operates a domiciliary care agency from Applegarth Court complex in Bridlington. Office hours are between 9:00 am and 5:00

Summary of findings

pm. It provides care and social support services to older people who may also have a memory related condition. The office is located in Applegarth Court which is also the location of 22 self-contained flats, which are owned by the extra care scheme of Housing & Care 21. Some of the people that live here also receive a service from the domiciliary care services provided by that particular 'arm' of Housing and Care 21. There are some people that use the service who live in the community: Middleton Court, which is owned by the sheltered housing scheme 'arm' of Housing & Care 21. There are some people that receive the service who live in privately rented or owned accommodation. The service was providing care and support to 32 people at the time of our inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection 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 the service is run.

We found that people that used the service were protected from the risks of harm or abuse and that the right action would be taken in the event anyone made an allegation or declaration of abuse. Staff were competent in handling safeguarding issues and there were systems in place to manage them well.

We found that people were protected from harm potentially caused by unsafe premises, as there were environmental risk assessments in place for each individual. Staff understood the concept of and their responsibilities towards whistle blowing and there were appropriate accident and incident reporting and recording systems in place.

There were sufficient numbers of qualified and trained staff employed to safely meet people's needs. Safe recruitment systems were followed to ensure staff were right for the job. There were suitable systems in place to assist staff supporting people with their finances and staff showed accountability to ensure people were protected from abuse.

We found that medication management systems were safe and staff practices followed safe infection control procedures to ensure people were protected from the risks of harm.

We found that staff were skilled and knowledgeable in their roles as they had completed qualifications in social care and undertook relevant training in courses that equipped them to carry out their roles effectively. We found that staff were well supported by the management team and there were suitable induction, training and supervision systems operated to ensure staff were well supported.

We found that staff were aware of the processes and legislation they were required to follow in order to uphold people's rights when they lacked capacity and staff knew when issues needed to be put forward and addressed using this legislation and these methods.

People were effectively supported with their nutritional and health care needs by staff that were trained and skilled in working in these areas.

We found that everywhere we went to speak with people connected to the service that people spoke very highly of the care, support and kindness people that used the service received. The care and support provided by staff was very much a reflection of the leadership approach and expectations from the management team.

We saw from the way staff assisted people that they regarded them as individuals with differing needs and that staff conducted their relationships with people on friendly but professional terms.

The service provided care and support to people that was 'over and above' people's expectations, particularly in the areas of staff approach, building relationships, ensuring privacy and dignity and providing end of life care, which was a reflection of how caring the management team and staff were.

We found that the service was efficient in responding to and meeting people's needs, because the systems in place to assess, review and carry out care and support were thorough and consistently applied.

People were supported to undertake many individual social activities of their personal choosing and had an extensive network of social contacts they could be involved with and events they could take part in.

Summary of findings

There were systems in place to manage complaints efficiently and the service cooperated well with other organisations and health care bodies to ensure it was responsive to people's needs at all times.

We found that the staff at Housing & Care 21 were proud to work for the organisation, were part of a caring, open

and transparent culture and followed the organisations mission statement. There was a strong management team that led the service well by setting good examples in practice and understanding.

The management team operated an effective quality monitoring and assurance system to ensure people received the best possible care and support. The service worked well in cooperation with other health and care organisations and bodies.

Summary of findings

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 was safe.

People that used the service were protected from the risks of harm or abuse because staff were appropriately trained in safeguarding adults from abuse and there were systems in place to ensure safeguarding referrals were made to the appropriate department.

People were safe because whistle blowing was appropriately managed, the risks in their home were reduced and staffing was in sufficient numbers to meet people's needs. Staff recruitment followed safe policies and practices and both medication management and infection control practices were safely carried out.

Good



Is the service effective?

The service was effective.

People were effectively cared for because the staff were skilled and knowledgeable, were well supported and were instructed in best practice.

People's legal rights were upheld, only when consent had been obtained was care given and people were supported to maintain good health and nutrition.

Good



Is the service caring?

The service was very caring.

People were very well cared for by staff who had an excellent approach to their roles, related well to people and followed the principles of equality and diversity. People were fully involved in their care, received information and explanations and had access to advocacy services if required.

People's wellbeing was very much at the forefront of the care and support they received and staff ensured this through maintaining confidentiality, providing high levels of privacy and dignity, encouraging independence in all things and providing end of life care that was over and above expectations.

Outstanding



Is the service responsive?

The service was responsive to people's needs.

People received person-centred care as described in their care plans, enjoyed a variety of activities and were part of a community spirit, which was well established.

People were encouraged to make their own choices in life, had a system in place to make complaints and were cared for and supported by the service and other organisations that cooperated well together to ensure people received responsive care.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People benefitted from a service that was very well-led. The management style was open, inclusive and optimistic, and staff were expected to assist and encourage people to lead fulfilling lives.

People received care and support that was the best it could be because there were systems in place to monitor and assess service provision and people were regularly asked their opinions about the service.

Housing & Care 21 - Bridlington Branch

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 checked 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 17 September 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to see us.

The inspection was carried out by one Adult Social Care inspector, who attended the service offices and one Expert-by-Experience, who interviewed people that used the service via telephone. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case their area of expertise was dementia care.

Before the inspection we gathered and reviewed information we already held about the service taken from the notifications they had sent to us, from liaising with the local authorities who contracted with the service and from the comments of people we interviewed.

Part of our inspection included speaking with five people that used the service via telephone, visiting and speaking with two people in their homes, speaking with two relatives and speaking with the registered manager and staff. We also observed interactions between people and staff and looked at documentation and records held by the agency, including three care files of people that used the service, three staff recruitment files, accidents and incident records, safeguarding adult's records and audits and surveys completed for the quality assurance systems operated by the service.

We had not received a 'provider information return' from the service and when we discussed this the registered manager informed us they had not received any request to complete one. 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. The registered manager told us they had been requested to complete a 'service user' and healthcare professional contacts list which we received, but not a 'provider information return'. We checked our systems and found that a request had not been made of the service to provide a PIR.

Is the service safe?

Our findings

People we spoke with were quite satisfied they would be safeguarded from any abusive situations and they told us they found the care and support they received to be safe. They said, "I feel very safe with all the carers", "I feel safe at all times"

Staff we spoke with were able to demonstrate that they knew the types of abuse, signs and symptoms and knew the procedure for making referrals to East Riding of Yorkshire Council (ERYC). Staff told us they had completed safeguarding training with ERYC and they demonstrated a good understanding of safeguarding awareness when we asked them to explain their responsibilities. We saw from the staff training record, which was held on the service computer and on individual training certificates that care staff had completed safeguarding training in the last two years. We found that the service had information about the new ERYC safeguarding thresholds for referral and that staff knew how to use it.

We saw from the information we held on our system that there had been no safeguarding referrals to the ERYC Safeguarding Adults Team in the last year. When we asked the registered manager about this they confirmed that there had been no situations that required the use of ERYC's risk tool and referral of information to them. From speaking with the registered manager, deputy manager and staff we judged that the staff would act appropriately and quickly in respect of any referral that did have to be made.

We were told by staff that because there was a very responsive team of workers and managers operating the service, who held detailed knowledge about their responsibilities and people's rights not to be treated in a degrading way, the service was quick to respond to issues that might escalate into abuse or harm. This meant people were well protected from the risks of harm or abuse and so incidents very rarely happened. This meant people that used the service were protected from the risks of harm or abuse and that the right action would be taken in the event that anyone made an allegation or declaration of abuse.

We found that the registered manager and deputy manager were fully aware of the implications of the human rights and equality act in providing a service of care to vulnerable people and employing staff in the running of a business.

The organisation to which the service belonged had policies and procedures that were based on this legislation, which the registered manager took into consideration when necessary. We saw evidence that one staff had completed training on 'sexual rights and older people'.

We found that the service ensured people were well protected from harm potentially caused by unsafe premises, as there were environmental risk assessments in place for each individual that used the service, which we saw copies of in their care files. These were regularly reviewed and recorded and staff were made aware of them when they consulted people's care files.

Those people that used the service and also rented accommodation from the extra care 'arm' or the sheltered housing scheme 'arm' of Housing & Care 21, also benefitted from support to ensure their premises were kept in good order. We discussed with the registered manager the situation of receiving care and renting accommodation entirely from one company. They explained to us about the different 'arms' of Housing & Care 21 and that all three were separately run and managed. They assured us that people had complete freedom of choice to receive care from any domiciliary care agency in the area, as one person did, and that people could contract to either receive care or accommodation or both from Housing & Care 21. They assured us that this was done entirely separately through the separately run 'arms', businesses.

The service had appropriate copies of its emergency contingency plans on fire, flood and damage to property or utilities for staff to use should there be a need to implement one of them. Staff were aware of these as they knew where to find them.

Staff we spoke with told us they understood the concept of and their responsibilities towards making whistle blowing referrals. They said they had confidence in the management team acting responsibly and professionally with regard to any whistle blowing situation that might arise. They said they had never needed to implement whistle blowing as the service was one of integrity which upheld people's rights and protected them.

We saw that the service had appropriate accident and incident reporting and recording systems in place and on speaking with staff we found they knew how to handle accidents and incidents. We saw that these were appropriately recorded on individual sheets and filed in

Is the service safe?

people's files. People were 'stoic' about accidents and understood they would invariably experience accidents at some time depending on their ability and needs. However, they were confident they would receive the support they needed in the event of an accident. We observed one person happily accepting guidance from the deputy manager when manoeuvring their electric wheelchair because they feared bumping into things and having an accident.

People we spoke with told us they always received the support they needed at the time they needed it. They said the staff were very helpful and pleasant workers. One person said, "I really look forward to the staff coming to see me, especially this one (indicating the staff member we were with on a visit)." Other people told us they felt they always had someone to turn to in times of trouble and that staff shared in their enjoyment of things, like pets, music and activities.

We saw that the service operated a two weekly staffing roster and that paid travel time was included for staff in-between their calls to people. Staff worked from 7 am to 10 pm and their duties included providing personal care, cleaning, food provision and shopping calls as well as social support. People received anything from one to four calls a day. This was all based on people's needs and their dependency levels as assessed at the beginning of providing the service. Rosters were kept on the service computer and staff received suitable advanced notice of the shifts they were to complete each week. The on-call arrangements for supporting staff outside of office hours were provided by the registered manager and deputy manager on a roster system. All staff had access to the organisation's Carer Portal Intranet System on the computer and so staff were kept informed of issues, learning opportunities and changes to duties.

The registered manager told us they used the organisation's recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. The DBS check information, once received, records if potential employees have a criminal conviction which tells providers they are unsuitable to work with vulnerable people and helps employers make safer recruitment decisions. We saw this was the case in all three staff recruitment files we looked at. Files contained

evidence of application forms, DBS checks, references and people's identities and there were interview documents, health questionnaires, correspondence about job offers and contract of employment, job descriptions and signed working time regulation exemption statements. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they supported were protected from the risk of receiving assistance from staff that were unsuitable.

Because the staff at Housing & Care 21 also provided social support for people, which included assisting people with shopping and attending social events there was a level of responsibility for staff to handle people's finances. Therefore the service had systems in place to ensure staff were accountable with any transactions they made on behalf of people. These included use of multi-carbon copy forms to show when money had been given to staff for shopping: white copy to people that used the service, pink as an office record and yellow for staff to keep as evidence they had completed a shopping task. There was also an accounting sheet for each individual held in the office showing the running total of money in/out that any person preferred to hold in 'safe-keeping' because of their incapacity to manage finances. These arrangements were usually with the full consent of the person and/or their relatives.

We assessed the medication management systems used by the service and saw that medication was appropriately requested, received, stored, recorded, administered and returned when not used. People held medication in locked facilities in their own flats and accommodation and if deemed capable, using a risk assessment tool, of managing medicines safely they were encouraged to do so. This meant they ordered and administered medicines themselves. All systems in place to manage medicines were carried out safely. Only staff trained to give people their medicines and to complete domiciliary medication administration record (DoMAR) sheets assisted people that had been assessed as incapable of self-medicating. DoMAR sheets used were the product of Housing & Care 21 and contained clear details of when and how medicines were to be given. The ones we saw had been completed accurately by staff. Where people were assessed as incapable of self-medicating the service managed medicine requests

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and safely administered it for them. Staff told us they had received training in handling medicines and were periodically competence checked to ensure they handled it correctly.

Staff explained they had completed training in infection control measures, had suitable personal protective equipment (PPE) available to them when they required it and were also trained in food hygiene certificate. They said

they carried PPE items they needed or people held them in their homes. We saw that people had been risk assessed regarding infection control and food hygiene measures that were necessary to ensure people were safe from the risk of cross-infection due to poor hygiene and food poisoning due to poor food hygiene. Staff had high standards of hygiene to adhere to and maintain because the registered manager expected this of them.

Is the service effective?

Our findings

People we spoke with said, “Staff appear very well trained”, “They are a very efficient team of carers. They are very competent staff” and “I have been having carers for some time now they are very competent and certainly know what they are doing.” We were told by the registered manager that the service had achieved the Investors In People award for the first time this year and that since the last inspection they had personally achieved Level 5 in Management. The registered manager had also completed Housing & Care 21’s own training to deliver the organisations induction, which was based on the Care Certificate at Level II. The registered manager had also completed a ‘train the trainer’s’ course in safeguarding adults from abuse.

We saw from staff records held that staff were skilled and knowledgeable in their roles as they had completed qualifications in social care at National Vocational Qualification and care certificate or diploma level. We saw evidence in documentation that staff had completed the Care Certificate induction and had also embarked on some distance e-learning on the computer, again run by Housing & Care 21. The courses they had covered included infection control, management of medicines, mental health awareness, dementia awareness, equality and diversity, diabetes and end of life care.

We were told by staff about the training they had completed and were expected to update on a rolling programme of renewal. For example, staff said they had completed training in assisting people to move, first aid, infection control, risk management, mental capacity and deprivation of liberty safeguards, use of hoists and management of medication. We saw information in staff files and on the service’s training record that evidenced the courses staff had completed. Staff were knowledgeable about their roles when they spoke with us. This meant people that used the service were supported and cared for by skilled staff who knew how to meet their needs.

There was evidence in staff files of induction, supervision and a performance scheme carried out and staff confirmed to us they completed the organisation’s own induction and undertook a two week shadowing period when new to the job. They also confirmed they received supervision and were part of an annual ‘valuing individual performance’ (VIP) scheme. Staff told us they were ‘spot’ checked while supporting people and this was recorded, which we saw

evidence of in files. They told us they were periodically observed handling medicines, for example, to check their competence and were disciplined in interviews, if necessary, regarding tasks they may have omitted to undertake, though this was extremely rare. All of these systems that were operated to ensure staff were well supported were recorded.

We found that the registered manager ensured staff were up-to-date with best practice because they continuously provided staff with information about care issues: articles and instructions, and checked staff knowledge through quizzes in staff meetings and discussions in supervision. We saw that some staff had received question sheets on, for example, the safe use of warfarin and fire safety. This meant people that staff supported were offered care based on the most up-to-date best practice.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes, but not to domiciliary care agencies. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

However, the registered manager told us there had been best interest meetings held for people whenever they were required, although none had been held recently and so we did not evidence any documentation in relation to these. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf. It is particularly important where there are a number of agencies working with the person, or where there are unresolved issues regarding either the person's capacity or what is in their best interest and a consensus has not been reached. We found that staff were aware of the best interest process and knew when issues needed to be put forward to be addressed using this method.

We saw in care files that people had consented to the support they received by signing contracts of service provision and their support plans. They had signed other documents to give the service permission to take photographs, share information and assist with medication, for example.

People we spoke with made their own decisions about when and what they ate. Those living at Applegarth had a

Is the service effective?

choice of buying a meal (breakfast, lunch or tea) from the on-site restaurant which was subsidised by the organisation and which produced reasonably priced meals. People external to Applegarth could also eat in the restaurant. People could also have food prepared by staff in their apartments if they wished and had flexibility to alternate between both of these arrangements whenever 'the fancy took them'. Staff would keep an eye on people's weight and appetite and would speak with the registered manager if they thought there were any problems that needed addressing. External healthcare professional support, for example from the dietician or speech and language therapist, was accessed when necessary and this was recorded in people's care files.

We saw that people's support plans had information about their preferences, any risks they faced due to poor appetite and details of the food they consumed if it was necessary to monitor nutritional intake to ensure people's physical wellbeing. People we spoke with told us they were very satisfied with the support they received with meal preparation. One person we visited had arranged to have lunch with friends and so told us they had cancelled their lunch call. They said, "I cancelled my call because my friends telephoned to say they were coming to see me. I don't eat a lot and so I will just have a sandwich with them." The staff visiting the person and later the registered manager and deputy manager told us they were not aware of this. However, the situation was not a problem for the service.

People's health care was monitored by the staff and support and advice was offered with regard to visiting GPs, hospitals and optical, dental, audio and chiropody appointments. Records of these and the staff member that had accompanied them were seen in people's care files. Support plans had details of people's health diagnoses, their medication needs and the action staff needed to take to support them.

Some people received care and support in their own homes and so design and adaptations were not a responsibility of the service. In those cases the service only had responsibility to ensure there had been an environmental risk assessment carried out to ensure the safety of people and staff when the service was being provided. However, in the case of those people that also rented accommodation in Applegarth and Middleton Courts the service monitored whether or not any part of their environment and adaptations were suitably designed to meet people's needs. The premises provided by the other two 'arms' of Housing & Care 21 were designed for people with a physical disability and made suitable for people living with dementia when appropriate. We saw that the communal areas of the premises generally had wide doorways, internal and external ramps, electronically opening doors and height adjustable surfaces.



Is the service caring?

Our findings

People we spoke with told us the staff and the management team were especially caring, respectful and polite in their approach to offering the service. People said, “Staff feel more like friends than carers”, “I am treated with respect at all times”, “I am treated with respect by everyone” and “The staff have become my friends.” Other people said, “The staff here are extremely caring and friendly. In fact everyone I have met has been friendly” and “The management and staff have been absolutely marvellous. They are all so thoughtful and caring.”

We saw in one person’s care file that they had made positive comments about the service in their review. The comments were, ‘I have nothing but the highest praise for Applegarth and all the staff here. They are all kind, friendly and helpful, with the patience of saints. I wish to compliment them on doing a hard job. Sometimes people do not always appreciate how hard and tiring it is.’

We were told by the registered manager and deputy manager when discussing the quality of care provided at the service that the registered manager had won an internal award with Housing & Care 21: Outstanding Individual Award for Significant Contribution to Customers and Housing & Care 21 Business, in 2014. This was awarded for the work the registered manager carried out with one person lacking confidence and isolated in the community for two years before they received the service. The impact this made on the person was that they now received less care from the organisation than when the service first began and they now accessed the local community entirely independently, leading a fulfilling social life. The registered manager had gone on to be nominated and short-listed for The Great British Care Awards in 2014 and was a regional finalist. They had also been nominated for a similar award in 2015.

The deputy manager had been nominated for a Front Line Leader’s Award with The Great British Care Awards in 2015. They had then been short-listed for this award by the awarding body. The deputy manager had been nominated by a person that used the service who company directors then interviewed to find out why they thought this should happen. The person making the nomination said the

deputy manager “Ought to be thanked for everything she ever did, because she was always, and without exception, especially helpful and caring.” The deputy manager had been a regional finalist in this category.

The provision of care and support provided by staff was very much a reflection of the leadership approach and expectations from the management team. We saw from the way staff assisted people that they regarded them as individuals with differing needs and that staff conducted their relationships with people on friendly but professional terms. Staff demonstrated a commitment to ensuring people that used the service received a good service of care and that relatives were also supported when necessary.

We observed excellent interactions between staff, people and their relatives, in respect of both everyday needs and issues of a worry for relatives. People and relatives were spoken with by management in a way that reassured them and was genuinely both practical and emotionally supportive. One person was puzzled about some correspondence they had received, asking them to take part in an NHS survey. This was explained to them by the registered manager who also offered to contact the sender on the person’s behalf. The offer was accepted and the registered manager added the task to their list of actions for the day. A relative was worried about their parent’s health and wanted to speak with the registered manager, who offered the relative advice and reassurance that healthcare professionals were aware of issues and doing all they could, but would be contacted again to seek further information about treatment. The registered manager was compassionate in their response to the relative in this difficult situation and compassionate towards the person that used the service, undertaking to help them by seeking further medical support.

There were examples of the registered manager and staff ‘going the extra mile’. One person had been admitted to hospital via an emergency ambulance and during their recovery found that they would be more independent in hospital if they had their electric wheelchair with them. Delivery of this to the hospital and its delivery back to the person’s home when they were discharged was arranged by the service. One staff member told us about when they and another staff member supported a group of six people to go out one evening to a restaurant for dinner. Everyone



Is the service caring?

paid for themselves, including staff. This gave people at Applegarth a sense of community / family and put people and staff on a level footing with regard to how valued they felt as members of that community.

Another staff member we spoke with told us about the fundraising events organised at Applegarth, which always involve extra socialising opportunities for people and their families, as well as raising money to help pay for visiting entertainers and refreshments. We were told by the registered manager that on these occasions the staff stayed behind after their shift was finished to help people with mobility difficulties join in with the dancing.

We were informed by the registered manager that everyone that worked in the building at Applegarth, including cooks, the hairdresser and the shop assistant were all 'Dementia Friends', which meant all staff have pledged to learn a little bit more about what it's like to live with dementia and then turn that understanding into action. Dementia Friends is the biggest ever initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition. The registered manager told us that staff had facilitated information sessions for people that used the service but did not live with dementia, so they could understand more about the condition and show more compassion for people that did. The registered manager explained there had been a visible increase in positive attitudes among people that used the service towards those living with dementia. Staff had also facilitated reminiscence sessions at Applegarth Court, which helped people living with dementia relate to times familiar to them.

We found that the service was committed to ensuring people that used the service and staff were fully considered regarding their culture, religion, gender, sexual orientation, disability, and age when requesting and receiving a service of care from the organisation or being recruited to work for the organisation. We saw that these areas of diversity were assessed for people and staff, recorded in their personal documentation and the information that was obtained was kept confidential. However, care plans were devised for people to ensure their needs were considered and strategies for staff were established to ensure they were able to work regardless of any particular diverse needs that people had.

For example, one staff had been supported to undertake numeracy and literacy courses because they were selected

during recruitment for their understanding, compassionate and caring nature, but had not achieved any academic awards. The staff member was considered an asset to the service because of their caring nature. Therefore they were supported in carrying out duties that required them to maintain documentation. This staff member took on the role of accompanying two people living with dementia to go to bingo every week, which meant they were supported to continue a pastime from their younger years.

People's religious beliefs had been discussed with them and the service was able to provide social support to accompany anyone that wished to attend religious establishments. One person who lived at Applegarth Court had an unpredictable disability which often necessitated support in the night. This need had been fully considered by the service's registered manager who had set up a contract agreement with the local authority, to provide the person with night time care if and when needed. The local authority staff members already provided night time support to their own respite service users in nine of the local authority's flats at the Applegarth Court complex. Under the contract agreement they were also providing it to the person with the unpredictable disability. However, the local authority respite service is to cease at the end of March 2016 calling an end to the agreed contract and the nine flats are to be taken over by Housing & Care 21. This means the person's night time care will then be provided by the domiciliary care services, because the service is committed to caring for its service users and meeting their needs whenever they arise.

We saw in staff files that staff had received training in diversity and inclusion and when they spoke with us staff demonstrated commitment to maintaining confidentiality of people's information and an understanding of their responsibilities towards people and each other as work colleagues.

People that used the service we spoke with told us they felt fully involved in all aspects of the service. They said, "We have an opportunity to speak with people on the resident's association committee or be nominated as a committee member" and "We put forward our views for changes or activities and usually the committee sets something up, though it doesn't always succeed with everything." The registered manager explained that the committee was for everyone using Housing & Care 21 services, not just the domiciliary care service, and that the chairperson was



Is the service caring?

nominated and voted in each year by anyone that received any of the services provided by the organisation. Other people said they felt part of a well organised service and were informed about future plans or changes and asked their opinions through committee meetings, service user meetings, group discussions, surveys and one-to-one interviews with the registered manager.

People said they also felt involved in their personal care plans because they had been included in compiling them and reviewing them on a regular and continuous basis. They felt the plans reflected their needs in a person-centred way and because of this people said they felt valued. Two people we spoke with told us about the involvement they had with the planning and development of the garden so that it was accessible for people in wheelchairs. They showed us the garden and we saw that it had a raised barbeque area at wheelchair height so that people could hold their own barbeques. They told us they had built the barbeque themselves. The two people we spoke with told us they had become less physically capable in the last year, but had their care plans changed to reflect this and they were still involved in ideas and planning further development of the garden. Everyone that used the service was regularly visited by the registered manager or deputy manager to discuss their satisfaction with the care and support they received and to make alterations to their care plans when necessary. This made people feel involved and in control. We saw these review records in care plans.

While we were informed there were no people receiving the support of an independent advocacy service, the registered manager ensured everyone knew about the availability of these and had information ready to pass to people should it be requested or deemed necessary, to ensure people were fully represented independently of the care and support provided by Housing & Care 21.

When we visited a person at the time they received the service we saw that the staff member ensured they asked the person's permission (consent) before offering to undertake any support. While no personal care was provided (the call was to assist with a meal) the staff member ensured they explained their actions with regard to ensuring the person's environment was safe and clean and that they had their mobility equipment to hand. The staff spent time sitting and chatting to the person about their plans for the day. We observed the person enjoy this aspect of the visit very much, as they were happy to tell us

and the staff member all about themselves. We saw that the person had appropriate information held in their personal file about the care and support they received. They said, "I am very happy with the staff and love the 'girls' to visit me. I look forward to them coming as they are all so lovely. I don't go out now and staff do an excellent job of looking after me."

People said, "When I am being showered the carers respect my dignity entirely", "I don't shower or bathe but receive a strip wash every day and the staff are discreet and respect my privacy" and "I am treated with respect at all times by all of the staff." Privacy and dignity and people maintaining their independence were subjects that staff were passionate about. Staff said, "We support people with their personal care, but take great care to respect their privacy and dignity" and "As well as discreetly assisting people with personal care and their shopping and cooking we also provide social support, which I absolutely love doing. It is the best part of this job. It enables people to keep their independence and do the things they used to do when younger." Staff felt this ensured people experienced a sense of wellbeing.

We saw that everyone that used the service had a good outlook on life, as even though they were less physically able they were still enthusiastic about enjoying themselves. Discussions with staff led us to realise this was because of the feeling of involvement and sense of community that people experienced, which came from their sharing of common situations and a sense that they were not alone in sorting out their problems in life: staff were there to support them with these problems and to create positive experiences for them which detracted from their problems. This also came from staff attitude and the approach they had with people they cared for, which was that 'life is to be lived.'

We observed one person being encouraged to be independent of thought and deed. They were using an electric wheelchair and were given lots of encouragement by the deputy manager to use their chair to its full extent. The deputy explained to the person how to use reverse and position themselves at the right angles to negotiate corners and turning. The deputy spoke kindly and encouragingly, which meant the person performed more confidently and became less afraid of 'having a go' to get around so they could experience a change of scenery and different company within Applegarth Court.



Is the service caring?

We saw that people had their needs regarding spiritual beliefs and end of life wishes fully recorded in their care plans. The service not only carried these out but also provided extra support to people and their families when difficult situations arose. We were told by the registered manager that some people had 'advanced directives' and 'living wills' in order to ensure everything they wanted was carried out after their deaths. These are pre-planned instructions about people's end of life care needs and wishes. We saw that on the day we visited two staff from the service attended a person's funeral in their own time, as staff said when they got to know someone well they wanted to show that they cared about them right to the end. They said that the overall culture of the service was such that staff always represented themselves and the organisation at people's funerals to show they also supported the bereaved relatives of the person they had cared for.

We were told by the registered manager that the service did everything it could to ensure people's wishes were fully respected regarding end of life requests. Three situations were related to us that demonstrated the service and staff commitment in this way. One person supported with end of life care expressed a wish to see a particular relative one last time, but they were detained and unable to freely visit the person. The registered manager obtained details from the person's family and liaised with the appropriate authorities, by making several telephone calls, to arrange

for this visit to take place before the person passed away. This meant that the person saw their relative one last time, which gave them much happiness and the chance to say 'goodbye'. The staff at the service showed they really cared about the person and ensured they had their wishes fulfilled.

One person that used the service had been in hospital with a sudden and serious illness and wanted to spend their final days at home. The registered manager worked with the MacMillan nurses to arrange a discharge package home where the person died as they had wished.

Another person, without any religious belief, had expressed a wish to have a 'green' funeral. The registered manager carried out some research for the family by looking on the internet and making telephone calls about seeking permission and approval from the appropriate authorities and landowner, and about obtaining the correct documentation to hold this kind of burial. They then passed all of this information to the family, who made the arrangements easily and the person was buried by their family members at a location in the open countryside where they had specified they wanted to be buried. The person's wishes that had been obtained from them by the service were fully respected in every way and the family were supported by the service to care for the person right to the end.

Is the service responsive?

Our findings

People we spoke with said, “Nothing is too much trouble. I only have to ask once and the carers do what I want. I am informed if the staff are going to be late”, “I used the company for only a short time but found them very good. Nothing was too much trouble. I used to read my care plan each day so that I knew what was happening”, “I am showered daily at a time that suits me. I read my care plan and it is updated regularly. Sometimes the carers are late but I am always told when this happens” and “If the staff are going to be late I always get a phone call to tell me.”

We saw in care files that people had been consulted about their support needs and had signed to say they consented to receiving support from Housing & Care 21. Files contained documents that showed people had been assessed for care and support, for example local authority assessment and care support plans, Housing & Care 21 ‘customer support plans’, ‘customer information records’ and weekly timetables of the support that had been agreed following consultation with people.

People we spoke with told us they made their own decisions about their everyday lives and we observed them making choices about using the communal facilities and gardens at Applegarth. People we spoke with who were enjoying the gardens explained they had been able to make suggestions about the layout and features available to them and that on the whole these had been put into action and introduced. They made other suggestions which were passed onto the registered manager to be discussed at the next committee meeting.

People told us they were often entertained at Applegarth as there was a sense of community among the people that used the domiciliary care service and the people that didn’t. Applegarth, under Housing & Care 21 provided ‘stand-alone’ housing solutions for older people or people with a physical disability who may not need to receive care and support, as well as care and support to those people that used the registered element of the service. This

enabled people to live in a community setting where they could remain if and when their future needs for care became evident, thus providing seamless support without moving out of their homes.

Staff told us there was a planned programme of entertainment and activity that included some formal entertainment once a month, for example, an organist, a choir, coffee morning or a reminiscence event. We were told there were weekly sessions of bingo, board game afternoons, a soft bowls competition, Tuesday lunch or dinner outings and a weekly bus trip to other seaside resorts or markets. People also went to seasonal events, for example, pantomime and old time music hall at Bridlington Spa and held bonfire night, birthday and Easter parties. One staff said, “The social care offered here is amazing. I love it as it enables us to get to know people really well.”

People we spoke with told us they had no need to complain but knew how to do so if they had. They said, “I had an issue with one of the carers and I spoke to the staff in the office and it was sorted out very quickly”, “I have no complaints but if I did I would speak to the staff in the office”, “I have no complaints at all about the company and without them I could not do half of what I do”, “The office staff are approachable and I would not hesitate to contact them if I needed to” and “I would contact the office staff if I needed to complain.”

We saw that the service had appropriate complaint reporting and recording systems in place and on speaking with staff we found they knew how to handle complaints to ensure people were satisfied with investigation outcomes. We saw the record of complaints which actually only contained many thank you cards from satisfied people that used the service or their relatives. We were informed by the registered manager that there had been no complaints made in many years. People we spoke with said they had never had any need to complain, but understood what they should do if they did want to express any concerns. They were confident they would be listened to and their issues would be resolved.

Is the service well-led?

Our findings

People we spoke with gave us a positive impression of the service of care they received. The overall opinion we received from people was that the service was a small, well run and caring service. People spoke very highly of the staff and the management team that ran the service.

There was a registered manager in post who had been managing the service for a number of years. Their management style was business-like, but inclusive, progressive and approachable. Staff had daily opportunities to consult the management team, seek guidance from them and learn about ways of improving the overall service of care provision. The registered manager was qualified to a high level in management and social care and maintained their current practice by attending organisational meetings, reading research in publications or on the internet and keeping up to date with new guidance on social care practices in respect of, for example, dementia care, physical disability and health issues.

When we spoke with staff they said that they were proud to be part of the team at Housing & Care 21 – Bridlington Branch and that the registered manager was very open and receptive to suggestions. Staff were praising of the management team and felt they always listened to their concerns or suggestions. Staff felt the culture of the service was “Friendly, supportive, honest, open and committed to teamwork.” One staff said, “I love working here, it has improved my wellbeing too.”

Housing & Care 21 had a ‘statement of purpose’ in place in which there was a mission statement – ‘To promote independence and choice for older people through quality care, health and housing services.’ The service values in the Bridlington Branch included ensuring an excellent service, maintaining integrity and nurturing independence. These were monitored using the organisation’s external quality monitoring systems, which surveyed staff as well as people that used the service. They were monitored by the registered manager carrying out ‘spot’ checks on staff performance and discussing their practice in supervisions.

There was a real community feel about Applegarth, as people used the extra facilities of the restaurant, shop and hairdresser and utilised the gardens all year round. The office operated an open-door policy and management and staff were always on-hand to consult about issues of care

and concern. Relatives had key fobs to the main building so they could let themselves in to visit relatives at times when the office was closed. People that used the service, relatives and staff often slid notes under the office door or called in when passing, which meant that the management team were quickly informed of incidents and kept up to date with people’s care and support needs.

Prior to 2010 the organisation Housing 21 was not legally required to be registered. In 2010 it was registered to provide the regulated activities of ‘accommodation for persons who require nursing or personal care’ and ‘personal care’ on the site of Applegarth, under The Health and Social Care Act 2008. Since then the organisation has changed its legal entity to Housing & Care 21 and has de-registered the regulated activity of ‘accommodation for persons who require nursing and personal care’, so that only ‘personal care’ remains at the Bridlington Branch.

We discussed with the registered manager the systems for quality monitoring and assuring the service of care and support to people and looked at some examples of how this was implemented. We saw that the service carried out an external annual audit on all aspects of the service including the management of medicines, log sheets (daily diary notes), care files, staff time sheets, surveys, supervisions, care observations, care reviews and staff training.

We saw the most recent annual audit report dated May 2015 in which the overall score was 1359 points from a maximum of 1399. This meant that the service was achieving a ‘Green’ level of performance on the organisations’ ‘traffic light’ scoring system. The shortfalls had been identified as all staff needing a lone working risk assessment carrying out and for this to be held on their recruitment files. The staff files we sampled had copies of lone working risk assessments in place as evidence they had been completed. This meant that the service took prompt action to ensure shortfalls were addressed, which meant that people could be confident they were receiving care and support from a well-managed service.

We also saw some of the new audits in place for 2015-16. For example, we looked at the domiciliary medication administration record (DoMAR) sheet audit information for July 2015. This highlighted that there had been a staff discussion with certain individuals about omitting documentary information on the DoMAR sheets. The audit

Is the service well-led?

showed that this shortfall had been identified and action had already been taken to address it, confirming that the audit system was continuously implemented to ensure a good quality of service was provided.

The service provided feedback on its quality monitoring systems and findings in the form of an 'annual review' report and 'My Time Magazine', which were posted on the notice board outside the office for people and relatives to view.

People we spoke with said they could not remember having completed satisfaction surveys, but we saw evidence that surveys were issued every six months to people that used the service. While we were unable to see the actual returned surveys, because the organisation always sent these out using an independent company, there were comments in people's care files that had been lifted from surveys and mentioned at their care reviews. Comments included, "As long as the service carries on as it

is doing at the present, I have no complaints. In fact I wish to compliment the staff on doing an excellent job" and "The service is absolutely top notch." Surveys had been given to staff to complete in July 2013 and March 2014, which was information we obtained from the audit carried out on surveys. Again we were unable to see any returned surveys because of the same reason.

We found that the service had systems in place to ensure all records relating to people and to the running of the service were checked for accuracy, contemporaneousness and relevance. Audits were carried out on record keeping and staff were trained in writing records while maintaining confidentiality of information. The registered manager and deputy manager ran the service extremely well between them and they knew exactly where everything was in paper format or on the service's computer in relation to people's documentation and the running of the business.