

Housing & Care 21







Housing & Care 21 - Mere View

Inspection report

Thompson Close
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Stowmarket
Suffolk
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Date of inspection visit: 26 August 2015
Date of publication: 11/11/2015

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	

Overall summary

This was an announced inspection that took place on 26 August 2015.

The service comprises of 32 flats and provides a supported living service to people. Mere View is a block of

sheltered living apartments on two floors with various communal areas. The building can only be accessed through the front-door by a key pad system and each flat has its own separate doorbell.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection of this service 24 January 2014. We found that the service was not meeting expectations in relation to complaints. Some complaints were dealt with in supervision, but for reasons of confidentiality, did not get logged on the electronic system. This meant that the provider did not receive information about all complaints that were made in the service. There was no other log kept of complaints which meant that an audit of complaints within the service was not accurately kept. The service had supplied an action plan and undertaken corrective action to resolve this situation.

People told us they were very content and happy with the service provided by caring and supportive staff. The support requirements as stated in the support plans were carried out to people's satisfaction, they felt safe and the staff team really cared. However, people were still awaiting over six months after the events for compensation to be paid to them regarding problems with the heating system.

Records were maintained daily and were up to date and covered all aspects of the support people received. They contained clearly recorded, fully completed and regularly reviewed information that enabled staff to know the support required.

The staff we spoke with were knowledgeable about the people they supported, the way they liked to be

supported and worked well as a team. Staff had appropriate skills and provided assistance in a professional, friendly and supportive way that was focussed on the individual's choices and needs.

People and their relatives were encouraged to discuss health and other needs with staff and had agreed to information being passed onto GP's and other community based health professionals, as required. A detailed assessment was completed prior to people moving to the service to ensure their needs could be met.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People were positive about the choice and quality of the service provided.

The staff were well trained, knowledgeable, professional and made themselves accessible to people using the service and their relatives. Staff said they had access to good training, supervision and appraisals. They felt supported and there were opportunities for career advancement. The service had a robust recruitment process.

People said the management team were approachable, responsive and encouraged feedback from them. The quality of the service provided was consistently monitored and assessed. People spoke highly of the previous manager and also of the current manager and their team. The manager worked with the local authority regarding safeguarding people and with the local hospital to ensure that people were accurately assessed prior to discharge from hospital back to their own home in this supported living service.

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?

People said that they felt safe and staff cared for them.

There were effective safeguarding procedures that staff had been trained to use and understood.

People were supported to take medicines and records were completed appropriately.

Good



Is the service effective?

Staff were supported through robust induction and on-going training.

People's needs were identified and referrals to other services were made quickly and effectively.

The service provided a choice of options of how individuals meet their dietary needs.

The service staff had appropriate knowledge of and policies and procedures regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Training had been provided for staff regarding a supportive living service.

Good



Is the service caring?

The service was caring.

Staff provided support in a friendly, kind, professional, caring and considerate manner.

Support plans included people's opinions, preferences and choices were sought and acted upon.

People's privacy and dignity were respected and promoted by staff.

Good



Is the service responsive?

People received appropriate support based on their assessed needs.

Peoples plans identified the support required and records confirmed the support was provided.

The service had a complaints policy and procedure in place

Good



Is the service well-led?

Despite the support to people and best efforts of the staff at the service the provider had not resolved the issue of compensation to people for over 6 months

The manager had a positive, pro-active and enabling culture that was focussed on people as individuals.

Requires improvement



Summary of findings

Staff considered they were well supported by the manager

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Housing & Care 21 - Mere View

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 was an unannounced inspection and took place on 26 August 2015.

Before the inspection we reviewed the information we already held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send to us by law.

The inspection was carried out by an inspector and 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 service.

During the inspection, we spoke with ten people using the service, two relatives and four staff including a member of the support staff, team leader deputy manager and the registered manager.

We looked at copies of five care plans. We also saw information regarding needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision, appraisal systems and quality assurance.

Is the service safe?

Our findings

People said the service was safe. One person told us. “Yes, I do feel safe, I feel that no-one is going to break in, I feel totally secure being here.”

The manager explained to us the services safeguarding policy and procedure. The manager and their staff saw it was their duty to support people to receive support as required in the appropriate setting. Recently they had needed to explain to the local hospital that it would be inappropriate for a person to be discharged back to the service at that time. This was because the service was not a registered residential or nursing home but provided a supported living service to people in their own homes. They had taken time to explain to the person and their family that once the service could meet their needs they would be able to continue with their care package.

The service provided training that helped staff to protect people from abuse and harm. This included carrying out assessments of risk to people. Staff said they had received induction and refresher training in safeguarding. They had a full understanding of what constituted abuse and the action they would take if they encountered it. Their response was in line with the provider’s policies and procedures.

The staff said they shared information within team members regarding risks to individuals at handovers. There were also accident and incident records kept. They told us they knew the people well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk.

People’s support plans contained risk assessments that enabled staff to identify and reduce risks in order that they could enjoy and live their lives as they chose. One person

told us about the review of their support, where they discussed independence and risk. They were happy that a relative attended the meeting. The risk assessments included communication difficulties, sensory impairment and handling money. There were also health related risk assessments for areas such as falls and the management of diabetes. The risk assessments were monitored, reviewed and adjusted as needed.

The staff rota was designed to meet people’s individual support needs by meeting them at set times during the day. Staff considered that they had enough time to meet people’s support needs. We saw the staffing rota including the arrangements for staff to be present at the service throughout the night. One person said. “There are always staff around, when I was ill in the night recently someone came straight away.” Another person told us. “We have never had a problem with there not being enough staff.”

There was a thorough staff recruitment process and records demonstrated this was followed. The recruitment process included interview process, completing an application form, taking up references and checks with the disclosure and barring service.

The vast majority of people were independent in taking their medicines and did not require any assistance from the staff. Where people required support with their medicines this was managed effectively. People told us that they were satisfied with the support they received with their medicines. One person told us. “The staff help me and they are never late.” We saw records confirming that staff received training in the safe administration of medicines. With their permission, we checked the medicines and recording of medicines for three people we visited. We saw that the number of medicines taken agreed with the number in stock. Medication administration records (MAR) were audited regularly by senior staff.

Is the service effective?

Our findings

One person told us. "I wanted to be sure before I came here the staff would be able to help me. This was a huge thing for me to come into supported living. The manager told me all about the training the staff did, so that reassured me."

Staff received induction and on-going training. The manager explained the supervision and annual appraisal process to us. The induction was comprehensive, person focussed and required new staff to be provided with supervised support before the induction was signed off. A member of staff told us. "I learnt a lot and really enjoyed the training. As part of the induction, I spent time with other staff to learn the ropes and to get to know people." The training matrix identified when training was due. Training included infection control, lone working, medicine, food hygiene and equality and diversity. We saw there were quarterly staff meetings and supervision sessions.

Staff had received training that included The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so that they were aware of the processes. The manager explained the policy and procedure in use at the service. Although the service was supported living the manager was determined to work with people and their relatives and involve other organisations such as advocates and arrange best interest meetings as appropriate.

One person told us. "The chef would cook alternatives if required." Another person told us. "I am vegetarian and the

food is 'very very nice', all the staff are helpful." The support plans included sections for health, nutrition and diet as appropriate. A catering service provided a variety and choice of cooked meals at lunchtime which could be served in a dining room or in the persons own apartment. We saw that some people's support plan, the role of the staff was to support people to attend the dining room. Some people chose to have meals delivered to them by a catering service which performed that function. While others chose to prepare their own meals or staff prepared them as per the assessed support plan. One person told us they did a mix and match approach which worked very well for them. A member of staff told us. "I support people to prepare meals and make healthy meal choices. The support plan is the basis from where we work and I discuss with each person their preferences and choices so we produce something they will enjoy."

People were supported to maintain good health. One person told us. "The support the staff give is just what I needed." The manager told us any health based concerns were raised and discussed with the person and included encouraging and supporting people to contact their GP if needed. The records demonstrated that referrals were made and the service liaised with relevant health services as required. One person told us. "I have made my own arrangements to see the GP, because I can do that and I let the staff know. I do this because it is polite. If there was something they [staff] needed to know to help me I would pass it on." We saw in the support plans that information regarding the person's health was recorded.

Is the service caring?

Our findings

People and their relatives told us that they were treated with dignity and respect by staff. The staff listened to what people said and valued their opinions. They provided support in a friendly and helpful way. One person we spoke to told us. "It was made clear to me before I came here that

all people sign up to have a minimum of two hours 'care' per week. This varies, depending on need, some of the more independent and mobile residents get housework such as their washing or ironing done, but some need help with cooking or shopping."

Another person told us. "The carers are all lovely people, they do chat to me and they show great respect." Several people mentioned to us that everyone had a care worker visit for half an hour per week (that they didn't have to pay for), the idea being that they could chat or help people to write letters etc. This scheme had been stopped for a while, but had been re-instated by the manager who believed it was a valuable time for people and staff to get to know each other and build a good relationship. Due to the shifts staff worked people did not have the same care worker each week. Most people thought this was good, meaning that they got to know all the staff and in turn all the staff got to know them.

The staff we spoke with told us they had sufficient time to read people's support plans and to understand their needs

before providing support. The support plans contained information about the persons likes, dislikes and the level of support required. Staff told us that they kept daily records which recorded the support provided to people.

People told us enough information for them was provided by the service in the form of the service user guides, handbook and information displayed throughout the service.

One person told us. "I need help with personal care, the carers always make you feel comfortable and at home when assisting with personal care there is absolutely no embarrassment on either side and I consider myself very well looked after."

People told us that they had seen and agreed their support plans and that these were changed if necessary according to needs. One person took us through their support plan and showed where they had signed to give consent and when the plan had been reviewed. A relative told us. "I was asked to be involved with the support plan meeting by my [relative], I thought the whole thing was well organised and reassuring."

Another person told us. "I have not lost any independence since being here, in fact I think now that the staff do the things for me I found difficult, it has given me the chance to be more independent."

The service had a confidentiality policy and procedure that staff told us they understood. Confidentiality was included in induction and on-going training and contained in the staff handbook

Is the service responsive?

Our findings

At our last inspection of this service 24 January 2014. We found that the service was not meeting expectations in relation to complaints. Some complaints were dealt with in supervision, but for reasons of confidentiality, did not get logged on the electronic system. This meant that the provider did not receive information about all complaints that were made in the service. There was no other log kept of complaints which meant that an audit of complaints within the service was not accurately kept. The service had supplied an action plan and undertaken corrective action to resolve this situation.

The manager had ensured that all complaints were recorded in the complaints log and the policy and procedure was followed. We saw the complaints log and saw this was the case. The staff we spoke with were knowledgeable about the complaints process and how it was to be used. One member of staff told us. "I would like to think nobody had a complaint or if they did I would help sort it out there and then, but if it needed reporting that would be done."

People and their relatives said that they were asked for their views by the service. Staff enabled people through listening and providing them with information to decide things for themselves to support maintain independence. One person said. "I think they covered everything when they came to see me, it was called an assessment." Staff

told us about the importance of capturing people's views, so that the support could be focussed on the individual's needs. One person said. "I was surprised how once we had established what I needed how much emphasis was placed on my choices and personal preferences. I have not been disappointed."

During the inspection we identified the time of planned visits and we saw that staff attended at those times. The people we spoke with after the visit were content with the support provided by the staff.

People's personal information including race, religion, disability and beliefs were clearly identified in their support plans. This information enabled the staff to understand people's needs, their preferences and choices. The information gave staff the means to provide the support needed.

The service documented, monitored and reviewed the support packages as required. This was recorded in people's files, reviews and continuously updated. Feedback was requested at regular intervals and changes were made in agreement with the person. The support plans were individualised person focused and written in a positive manner clarifying the support required while also documenting what the person was able to do for themselves. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished.

Is the service well-led?

Our findings

The provider was not setting a positive culture because the issue of invoices and compensation over the heating problems was dragging on and on. People were finding this highly frustrating and upsetting.

People had all been given general information booklets when they moved into the service and they were happy with these. However people told us that invoices for services were not easy to understand and that they were also muddled about what they paid for and how charges varied from year to year, without explanation.

One relative told us. “The invoices are a bit of a mystery to me, you don’t get a monthly invoice, you just wait for them to say you need to pay, and what to pay, and then you get the invoice. I can’t make head nor tail of them, so how can an older person, particularly one managing on their own, be expected to understand them?” They said that they had spoken to the manager about this, and they had tried to sort things out but the problem, in their relative’s, view lay with the company as a whole.

One person said. “There is no information or advance notice regarding why the charges are different, we have written to head office several times about this and to complain about various things, we always received a response eventually, but we never get a satisfactory answer, they always prevaricate.”

The impact was that people were becoming very frustrated and upset that this matter had not been resolved.

People told us that they felt comfortable speaking with the manager and staff and were happy to approach them if they had any concerns. One person told us. “It is not the managers fault we have not received any compensation, it is generous, for what happened, but we have not received any as yet.”

During our inspection there was an open culture with staff and the manager exchanging ideas and information. Staff were also attentive, friendly and helpful when people rang up on the telephone. They listened to people’s views and acted upon them.

There was a statement of purpose for the service where the vision and values were clearly set out. Staff we spoke with

understood them and said they were explained during induction training and regularly revisited during staff meetings. There was a culture of supportive, clear, honest and enabling leadership.

Staff told us the support they received from the manager and organisation was excellent. They felt suggestions they made to improve the service were listened to and given serious consideration. People told us that the roll call, as it was called, was friendly and supportive from which they took great comfort. The roll call was when a member of staff called them over the intercom in their apartment in the morning to see if they were alright. Should the person not respond the staff would immediately visit the apartment. One person told us. “I think this is good management and shows care towards us.”

There was a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working at Mere View. A staff member told us. “We get the support we need and I enjoy working with people to maintain their independence.”

There was a clear career development pathway and senior staff had been promoted internally. A staff member spoke with us about their career at the service. They told us about how they had begun as a carer and were enjoying working in their new senior role and they could use their experience to support new staff.

There were regular staff meetings that enabled the staff to voice their opinion and swap knowledge and information.

The records demonstrated that regular quarterly staff supervision and annual appraisals took place with input from people who use the service. This was to help identify if the staff member was person centred in their work. One of the quarterly supervisions per year was an observational supervision, which took place in the person’s home with their permission. Records showed that spot checks took place.

There was a policy and procedure in place to inform other services of relevant information should other services within the community or elsewhere be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and that procedures were followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

Is the service well-led?

There was a robust quality assurance system that contained performance indicators that identified how the agency performed, areas that required improvement and areas where the agency performed well.

The service used a range of areas to identify service quality. These included audits of staff files and of people's care plans and risk assessments. Infection control and medicine recording was also audited.