

Origin Housing Limited

Speedwell House and Court

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

This inspection took place on the 6 September 2016 and was announced. We told the provider two days before our visit that we would be coming. This was the first inspection since the service was registered in August 2014.

Speedwell Court provides housing provision, support and practical assistance to 10 people with autism. On the day of our visit there were 9 people living at this unit and 2 people who were receiving support with personal care. Speedwell House is an "extra care" housing provision operated by Origin Housing. There are 25 flats available for rental. 5 flats were occupied by people with learning disabilities and the other 20 by older people. At the time of this inspection Origin housing did not provide personal care to any of the tenants in Speedwell House. The Care Quality Commission regulates the personal care service provided to tenants. On the day of our inspection there were two people receiving a personal care service.

The service had a registered manager who had been in post since the service opened. 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's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected.

People felt safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

Staff were motivated and proud to work for the service; as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for people who used the service.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

Support staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Support workers we spoke with placed a high value on their supervision.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people living at the service.

We saw that regular visits had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA, and there were no authorisations to deprive people of their liberty.

People had been assessed, and care plans took account of their individual needs, preferences, and choices. Staff supported people to access health and social care services when required and encouraged them to lead an independent life

The service had a complaints policy. People who used the service told us they knew how to make a complaint if needed.

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 protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

People felt staff always treated them with kindness and respect

Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in

order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

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Is the service well-led?

Good ●

The service was well-led. The service promoted strong values and a person centred culture. Staff were supported to understand the values of the organisation.

There was a strong emphasis on retaining staff and ensuring continuity of care.

There were effective systems to assure quality and identify any potential improvements to the service.

Speedwell House and Court

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 of Speedwell House and Court took place on the 6 September 2016

The inspection team consisted of one inspector.

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 reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During our inspection we went to the service's office and spoke with the registered manager, the team leader, the complex needs service manager and two support workers. We looked at the two care records of the people using the service and three staff records; we also looked at staff supervision and training records, the staff training matrix and a range of policies and procedures for the service.

After the inspection we spoke to one person using the service and one relative.

Is the service safe?

Our findings

People said they felt safe and that staff understood their needs. "I would say Speedwell Court gives me a safe place to be myself without judgement and ridicule. Having that safe space has helped me to gain more confidence, try new things and find and improve my skills." A relative told us 'I know she is safe, very safe, she knows there are always people around.'

Staff demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Support workers were able to discuss risks individual people faced and speak confidently about how they maintained their safety. All the staff we spoke with commented that they had time to develop relationships with people who used the service and got to know them well. They were able to quickly identify any concerns.

Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

Staff we spoke with demonstrated an understanding of safeguarding adults and told us the signs they looked out for when they supported a person. One support worker told us how they recognised possible signs of abuse. For example, "if the mood of the person was different or, if they were withdrawn."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. There were a number of comprehensive risk assessments on each of the care records we looked at. These assessments were specific to the individual. Risks to individuals were well managed. Every person had a risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible. Managers and staff all demonstrated how they helped people lead a fulfilling life, because they assessed and reduced any identified risks as much as possible. The team leader said; "We promote people to be independent our aim is to move people on to live in the community" and "we are not risk averse."

Risk assessments had been completed in a number of areas including self-harm, financial management and self-neglect. We saw that for people who were known to leave their homes and not always return when expected, then staff had 'missing person' records available when they needed to report to the police.

Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, such as a fire or flood.

Staff demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Staff were able to discuss risks individual people faced and spoke confidently about how they maintained their safety.

We were told that staffing levels were determined by the local authority and they would flag any changes in needs and ask for review. The registered manager explained that they used a group of bank staff to cover when required.

Appropriate checks were undertaken before staff started work. The provider kept records of these checks at their head office rather than at the service premises. All staff we spoke with told us they had completed an application form, interview and written assessments. Staff also told us that the training they received during their induction was excellent and ensured they had the skills to work with people who used the service. They confirmed that they had been through all the relevant recruitment checks and we saw from staff files that staff were in receipt of an enhanced Disclosure and Barring Service check demonstrating that the staff member was not barred from working with vulnerable adults.

The provider also had responsibility for the building and communal areas, we were told that maintenance had been contracted out to an external company. The communal areas and garden at the service were clean and well maintained. The registered manager told us that maintenance issues were dealt with in a timely way and people we spoke to confirmed this to be the case.

Is the service effective?

Our findings

Staff were able to tell us about people's backgrounds, likes and dislikes. People's life histories were documented to help staff to understand the person they were supporting. Staff told us "we get to spend a lot of time with people, so we really understand them." They told that when people moved in they did very little for themselves but were now cleaning their rooms, cooking and shopping and assisting with washing clothes.

During our discussion with staff we could see that they knew people really well and how best to them with their daily living activities. A relative we spoke with told us that her daughter "had improved life skills" and that the supported living home had had a very positive impact on their relative.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Records showed that staff had received appropriate training such as managing challenging behaviour, autism, health and safety and customer focus.

The registered manager told us that providing good training was important in motivating and supporting staff, he told us that training needs were identified for individuals during the appraisal process.

One member of staff said, "The training here is very good, they also supported me to get an NVQ" Staff also said they were paid for their training time and supervision time which "emphasises the value placed on both."

All staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The registered manager was aware that the CIS had being replaced by the Care Certificate Standards for all newly recruited staff; this was evident in the records of two newer members of staff. The manager also told us that new staff shadowed another care worker for at least 10 hours before working alone, and more if they were new to the caring profession. Support staff confirmed they shadowed a more experienced member of staff before working alone. One told us, "I had to shadow for at least a week after which my manager asked me if I felt that was long enough."

Staff received regular supervision and appraisal from their line manager. Staff told us these processes gave them an opportunity to discuss any difficulties they might have with their clients, their performance and identify any further training they required. Support workers placed a high value on their supervision; one told us "you get to speak about any problems, but you don't have to wait until supervision. A manager is always available." Another told us "you get a Personal Development Plan, mine included getting support to go for promotion."

Staff told us they were well supported by the registered manager and other staff and there was an out of hours on call system in operation that ensured that management support and advice was always available when they needed it.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff we spoke with demonstrated an understanding of how they would use their MCA and DoLS training when providing care to people.

Staff told us that they would always ask people for their consent before providing support. On the day of our inspection there were no DOLS in place.

Support staff told us they supported some people at mealtimes to access food and drink of their choice. They told us most of the food preparation at mealtimes had been completed independently. Staff were clear about the importance of adequate fluids and nutrition.

People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals and each person had a detailed Health Action Plan. Contact with GPs was made when needed and people attended their hospital appointments with the support of staff.

Is the service caring?

Our findings

A relative was very positive about the attitude and approach of the staff. "The staff are kind, they take good care of her, her flat is generally clean and she is always well groomed." And "she is very comfortable with her key worker; it's the best thing that's ever happened to her."

The team leader told us, "we support people to live in their own home independently and with respect and dignity", and "our aim is to enable people to move on". She also told us that it was important to recruit people "with the right skills to care for people."

Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their dignity was "the most important thing." Another said "it's about how you would want to be treated." and "I ask them what they would like to do each day. But we must encourage people to be independent." Staff understood the importance of maintaining confidentiality and also confirmed this was an explicit expectation of the service.

The team leader told us that she used a permanent rota and used the same group of staff for people. She told us that many of the people using the service had had the same support workers since the service opened. One member of staff said one of the best things about the service was that, "It is wonderful to see how people develop." another said "We see the same people, it's important for them." Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

The care records we looked at showed that people or their relatives were involved and supported in making decisions and planning their own daily routines

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy when they undertook aspects of personal care.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. A person using the service told us "Moving here was one of the best things that ever happened to me. It is the kind of help and support I was searching for years but could not get."

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw that referrals were made to the local authority panel to increase funding when required, but mostly the focus was on decreasing the number of support hours when people became more independent. We also saw how one person was supported to maintain good budget management, following a period of overspending.

We saw that one occasion a staff member had stayed overnight during a person's admission to hospital. The registered manager told us he had a very good working relationship with local GPs.

Discussions with the registered manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed contact sheets showing all the tasks that were involved, additional forms for key holding, missing persons and behavioural management were also available.

People who used the service were able to contact the office staff at any time.

People received one to one support during the day and staff were able to take the time to sit and talk with people, they were also supported when required to activities of their choice. We saw that a number of people were attending college courses. Staff told us that they supported people to pursue their hobbies and interests and lead an independent life where it was possible to do so.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service told us they knew how to make a complaint if needed.

Is the service well-led?

Our findings

There was a registered manager in post; he had been in post since the service opened. He told us "I love to see the difference we make to people's lives, each person is individual, and I always take an active interest."

People using the service gave positive feedback about the team leader " she is very professional but friendly. She does not just sit in her office as in she takes the time to check on me regularly and see how I am doing. I can go to her and talk about any issue or problem without hesitation. I think she does a great job!"

It was clear from the feedback we received from staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. The registered manager spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership. He also told us about 'incentives' that helped to retain good staff. These included providing opportunities for development and promotion such as shadowing more senior staff and working in the office.

Our discussions with staff found they were highly motivated and proud of the service. A senior staff member told us, "We are a very close and warm team and everyone is caring." Staff were very complimentary about the registered manager and comments included, "he is approachable and friendly and always able to give advice" and "I feel valued by them, they changed my shifts to enable me to study."

We noted that many of the staff had worked in Speedwell since it first opened. One staff member told us, "they are a very good employer and my colleagues are great" Another told us "I love my job, It's very rewarding; it's nice to see how people's lives improve."

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The also undertook unannounced spot checks to review the quality of the service provided. Support staff told us that senior staff frequently came to observe them at a person's home, to ensure they provided care and support in line with people's needs and to an appropriate standard. We saw from records us that regular tenant meetings were held. The registered manager told us that these were not always well attended and that they were looking at ways to improve this. He also told us that he was also planning to get more service users trained and involved with staff recruitment.

The team leader completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. They also carried out audits around people's homes including maintenance checks. We found that the provider had kept robust and up to date records, that reflected the service provided at the time of our inspection

The registered manager told us that the provider held an annual Managers Conference and a Care and Support Staff Conference. These conferences he told us provided a chance to share good practice and meet

colleagues from other departments. Speedwell Court was recently shortlisted for the National Learning Disabilities Awards. The scheme has now gained Autism Accreditation.