Housing & Care 21

Housing & Care 21 - Cinnamon 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 21 and 27 March 2017. The first day of our inspection was unannounced.

Housing and support 21 Cinnamon Court provides personal care for tenants living in self-contained flats. At the time of the inspection the service was providing support to 40 people.

The service had a registered manager at the time of the inspection. 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 were protected from the risk of avoidable harm by the detailed risk assessments and management plans in place. People received their care and support delivered by suitable staff who had been vetted prior to working with people and who had successfully completed a probation period. People were supported to take their medicines safely and were protected by the infection prevention and control practices of staff.

People received care and support from staff who were caring. Staff supported people to maintain relationships with family and friends. We found that people decided how they received their care and support. Staff respected people's privacy and treated them with dignity.

People had clear care plans which stated how their individually assessed needs should be met. People were supported with reassessments when their needs changed. Staff supported people to engage in activities of their choosing and people shared their views with the provider about the service they received.

The service had a registered manager in post and both people and staff spoke positively about him. Staff had clarity in their roles and those with leadership positions and they felt that communication was good. There was a robust quality assurance process and staff collaborated with external organisations to improve outcomes for people.

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 told us they felt safe.

People's risks were assessed and plans implemented to reduce them.

There were enough staff to keep people safe.

Staff were recruited safely and appropriately.

People received their medicines safely with the support they required.

Is the service effective?

Good

The service was effective. Staff were trained and knowledgeable in meeting people's needs.

People were supported by supervised staff.

People gave their consent to the care and support they received.

People were supported to eat nutritious food and access healthcare services.

Is the service caring?

Good

The service was caring. People were supported to maintain relationships.

Staff supported people to make decisions about their care.

People's privacy was respected.

People were treated with respect and dignity.

Is the service responsive?

Good

The service was responsive. People's needs were assessed.

Care records were detailed and clearly informed staff how to

meet people's needs.

People were supported with reviews when their needs changed.

People undertook activities of their choice.

Complaints were appropriately managed in line with the provider's procedures.

Is the service well-led?

Good

The service was well led. People and staff spoke highly about the registered manager.

The registered manager promoted effective communication and an open culture.

There were effective quality assurance processes in place.

The provider worked in partnership with other services.

Housing & Care 21 - Cinnamon 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.

This inspection took place on 21 and 27 March 2017 and was unannounced. This meant the provider did not know we were coming. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Prior to the inspection we reviewed the information we held about Housing & Care 21 - Cinnamon Court including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked provider to complete a Provider Information Return. 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 used this information in the planning of the inspection.

During the inspection we spoke with 10 people, two relatives, six staff and the head of care. The registered manager was on planned annual leave at the time of our inspection visit. We reviewed 11 people's care records, risk assessments and medicines administration records. We reviewed nine staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

Following the inspection we contacted six health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us, "The building is secure. I have my own flat and there is always staff about. So yes, I do feel safe." Another person told us, "It's calm. I'm safe, I'm sure."

People were protected from avoidable harm. People's risks were assessed and staff had guidance about keeping people safe. Risk assessments covered a range of areas including medicines, people's environments, finances and health issues. Where people were at risk of falls a falls risk assessment tool was completed. This looked at people's mobility including their balance, ability to transfer and any related health issues. Where the assessments identified risks we found actions were taken. For example, one person had the heights of the chairs and toilet seat raised so that they did not fall when standing up.

People were supported by staff who understood how to keep them safe. Staff received training in safeguarding people. Staff we spoke with were able to explain different types of abuse people may be at risk of, what the signs of abuse may be and what actions they would take if they suspected abuse. One member of staff told us, "The manager needs to know asap and I would inform them." Staff also explained to us that if managers did not take action to keep people safe after they had raised concerns they would inform external agencies including the local authority. This is called whistle-blowing and the provider had a policy which guided staff on how to whistle-blow to keep people safe.

There were staff available in sufficient numbers to keep people safe. The registered manager ensured that staff were available throughout the day and night. People told us that staff responded promptly when they requested assistance. One person said, "[Staff] come quickly." There were enough staff to ensure people received their planned care at the times agreed. One person told us, "[Staff] always come at precisely the time they say."

People were supported by vetted and suitable staff. The provider ensured that staff successfully passed their interviews and background checks before they could deliver care and support. New staff were required to complete a six month probationary period to assure the registered manager that they were suitable to work with people.

People received their medicines safely. The support people required to take their medicines was assessed. People's medicines were stored securely in their own flats and staff maintained accurate medicines administration records. These were audited by the registered manager. Staff received training in supporting people to take their medicines. Managers carried out periodic checks of each staff member's medicines administration competency through direct observation and knowledge testing. This meant people took their medicines as prescribed.

People were safe in the event of an emergency. The service had a stay put policy in the event of a fire. This meant people would not attempt to leave the building independently during an emergency. Instead people would remain protected behind closed fire resistant doors until staff or the emergency services assisted them individual from the building. People wore pendant alarms and pull cord alarms were located

throughout the service to alert staff if people needed assistance quickly. Staff carried mobile handsets which identified where in the building an alarm or pendent had been activated enabling them to respond effectively to an emergency.

People were protected from the risk of avoidable infection. Staff followed safe hygiene practices when supporting people. Staff wore personal protective equipment (PPE) when providing personal care. This including wearing single use gloves and aprons to protect people from cross contamination. People told us their individual flats and the communal areas of the service were clear and free of malodours. One person told us that their flat and the communal areas of the service were, "Spotless."

Good

Is the service effective?

Our findings

People received care from staff who were trained and skilled. Staff received training in areas including moving and handling, safeguarding, first aid and dementia awareness. The provider used a tracker system which highlighted when staff required refresher training. This meant staff knowledge was kept up to date. The provider promoted management development. Managers were supported to participate in leadership training. This included training in finance management, safeguarding and health and safety. This meant that senior staff acquired the skills and knowledge required to effectively coordinate the delivery of care and support

People were supported by staff who had successfully completed an induction programme. New staff completed an induction process which included core training and familiarisation with people's care records. New staff shadowed experienced colleagues over a five day period to observe how people preferred their care and support to be delivered. One member of staff told us, "You shadow before you support people on your own. It's good. You see how things are done right."

People received support from staff who in turn received support from their managers. Staff were invited to one to one supervision meetings. These were used to discuss people's changing needs and the support staff required to meet people's needs more effectively. For example, one staff member's supervision records noted a discussion about the importance of completing body maps in addition to accident and incident forms. Staff were supported with annual appraisal meetings to review their role and performance. Manager's sought the views of staff by asking questions including. "What do you enjoy most about your role?" and "What support do you need?" Appraisal meetings were used to identify staff training needs as well as setting goals for the coming year.

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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People gave their consent to the care and support they received from staff. People signed care records to agree with their care plans. No people were being deprived of their liberty. Where people required assistance to manage their finances, this was stated in care records. For example some people's relatives had power of attorney. Power of attorney is the legal process by which an individual can make financial decisions for a person in their best interests.

People were supported to eat nutritious foods and to choose what they ate. People's food preferences were recorded in their care records. For example, one person wrote, "I like a fry up for breakfast." The support

people required to prepare their meals was stated in care records. For example, one person's records stated, "Care staff should support me to cook my meal and turn off all equipment from the mains." Another person's care records instructed staff to, "Support me to go to the day centre to have my lunch."

People were supported to have regular contact with health and social care professionals. The service had a consulting room where people could meet in private with a healthcare professional for a consultation and examination. People regularly met their GP in the consulting room and received treatment form the visiting podiatrist there. Staff maintained records of people's healthcare appointments to ensure their healthcare needs were being met.

People lived in individual flats within the service. Each flat contained a lounge, kitchen, bathroom and bedroom. Each was decorated to people's personal preferences. The service had a number of communal areas on each floor. These included large lounges which were homely and well furnished. The communal lounges on each floor contained sofas, armchairs, music systems and televisions, along with a selection of games and books. Within each communal lounge was a small kitchen area. These contained a fridge, sink, tea making facilities and a microwave oven. This meant that people and visitors could prepare drinks, snack and light meals.

Good

Is the service caring?

Our findings

People told us that the staff supporting them were caring. One person told us, "They will do anything for you." Another person said, "They are very good staff. They have a laugh and a joke with you." A third person told us that staff were, "Very amicable."

People were supported to maintain relationships with people who were important to them. One relative told us, "The staff are pleasant whenever I visit." A member of staff told us, "Some of the people ask us to remind them to call their families on particular days or particular times because it's easy to forget. We also remind people when their relatives are visiting." Staff fostered relationships between people and encouraged people to socialise with each other in the communal areas and each other's flats whenever they chose.

People made decisions about the care and support they received. People told us and records reflected that they chose the times at which staff came to their flats and the support that was then provided. Care records stated the support people were assessed to receive and guided staff how to deliver it. People signed their care records to confirm they agreed with them.

People's privacy was respected. One person told us, "Staff knock and wait and I say come in." Another person said, "They ring the bell and call [person's name]." People told us that staff were courteous and polite. People said staff respected them and their property and treated them with dignity. For example, people told us staff closed their bathroom doors when supporting them with personal care.

People received the support they required to settle comfortably at night. For example, one person's care plan read, "I would need the care staff to assist me to change into my night dress and get ready for bed." Within another person's care records a person said, "I would like the care staff to pull my curtains and close my windows." A third person's care records stated, "I would like the care staff to turn my lights off and shut the door on their way out." People had call buttons and pendant alarms with which to summon staff assistance at night if required.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People's needs were assessed before they received a service to ensure the provider was capable of providing the appropriate support. Assessments included the input people had received from health and social care professionals. Needs assessments contained information about people's physical and mental health, their mobility and ability to meet their personal care needs. People were supported with periodic reviews of their needs and reassessments were undertaken when their needs changed.

Staff were guided as to how people wanted their support delivered. People were involved in the development of their care plans. Care plans stated people's care preferences. For example, to meet one person's oral hygiene needs they were quoted in their care plan as stating, "I would like my care staff to remind me to brush my teeth."

People's preferences were stated in care records. Staff understood people's likes and dislikes and supported them in line with their preferences. Care records reflected people's specific choices including, favoured foods and how people wanted to organise their time. The activities people enjoyed were also stated in care records. For example, one person stated they enjoyed crosswords and puzzles. Whilst in their care records another person stated, "I am happy to join in on any group outings to the pub and the seaside." The service had a hairdressing parlour on the ground floor which people were able to use.

People told us they decided upon their own activities. Some people attended church services in the community and bible readings at home. People attended events in the large communal lounges on each floor and were able to receive visitors there. Senior staff informed us that the service was seeking to recruit an activities coordinator to organise events within the home and community for people. People told us they welcomed this plan. There was a day service on the ground floor of the building and a large dining area should people wish to eat with others rather than their own flats. This meant the service sought to counter the risk to people of social isolation.

People provided feedback to the provider about the service they were receiving. People were supported to meet together to share their experiences and express their opinions in residents meetings. The provider also gathered people's views through surveys. Almost two thirds of people responded to the most recent survey. The surveys asked people their views in relation to a number of statements. These included, "My care service helps me to feel safe." We found that all of the people who responded confirmed that they agreed with the statement.

People understood the provider's complaints process and felt comfortable speaking to the registered manager about any concerns they had. One person told us, "Any problems, I just go upstairs and tell them." Complaints were dealt with in accordance with the provider's procedures including a written response within a specified timeframe. Compliments by people, their relatives and professionals were acknowledged and shared. The provider displayed thank you cards in the office and maintained a folder of complimentary emails and letters. Compliments were relayed to staff to highlight good practice.

Good

Is the service well-led?

Our findings

People and their relatives knew the registered manager and spoke positively about him. One person told us, "You feel at home when you are talking to him". Another person said, "He listens to me." Other people told us, "He makes me laugh", He's a very good guy" and "He's always around to chat to. I really like him."

Staff told us that they were happy in their work and that the manager and team leaders created a positive environment for them to deliver care. One member of staff said, "The managers are good. They know the people really well so that really helps when you are discussing things because they know who and what you're talking about." Another member of staff said, "I definitely enjoy my work. The people are great and the environment is beautiful". A third member of staff told us, "The manager is great. He is supportive, he understands what it means to be flexible and being parent friendly towards staff".

The registered manager promoted an open culture within the staff team. The registered manager arranged team meetings for staff. These were used to discuss people's changing needs, staff concerns and suggestions, feedback from health and social care professionals and the provider's procedures. For example, records showed that one team meeting focused on professional boundaries. At another team meeting staff looked at medicines procedures. Whilst at a third meeting the focus was on mental capacity.

The registered manager ensured effective communication throughout the service. Managers and staff who were assigned leadership roles for each shift read and signed messages in a communication book. The communication book was used by staff and managers to share information including changes to people's needs and important events. Staff made entries into the communication book at the end of each shift.

The care people received was the subject of robust quality checking. The registered manager reviewed weekly and monthly medicines records. Daily logs were reviewed monthly. These audits included the relevance of the notes that had been written, handwriting and any issues that may not have been reported. We found that audits had identified when medicines error had occurred. For example, when one person's medicines administration record had not been signed on one occasion the audit identified the member of staff and the issue was addressed with their supervisor.

Managers carried out direct observations of staff as they delivered care and support to people. Records were kept of these spot checks which included how staff assisted people with personal care, maintained a safe environment, record keeping and communication with people. Where managers identified the need for improvement they informed staff. For example, records showed that one member of staff was, "Advised to explain, step by step, what they are assisting [person's name] with." A member of staff told us, "The team leader will observe you to make sure you carry out the right procedures and treat people the way they want. They want to make sure we talk nicely to people."

The registered manager worked closely with other organisations in particular with health and social care professionals. The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.