

Axiom Housing Association Limited

The Pavilions

Inspection report

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Tel: 01733295524

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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

The Pavilions is registered to provide personal care to people living in their own flats within an extra care housing complex. There were 37 people receiving personal care from the service when we visited.

This inspection was undertaken by one inspector. At the last inspection on 6 May 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility, environmental risks and medicines.

There were sufficient numbers of staff to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were employed to provide care and support to people using the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005. People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and procedures in the service supported this practice.

People's needs were assessed and reviewed, so that their care was delivered in a consistent way. The management staff and care staff were knowledgeable about the needs of people that they supported. Staff received training to give them the skills and knowledge to meet people's needs. People were supported and assisted with their personal care needs and their daily routines, and accessing on site services and activities.

People received appropriate support to maintain a healthy diet. Staff offered people assistance in choosing the meals they wished to eat. These choices were respected and actioned by staff. People were assisted to have access to a range of health care professionals, when they needed them. Staff knew what was expected of them and staff were observed to assist and support people in a compassionate and respectful way during our inspection.

There were processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

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.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

People were supported with their medication administration requirements.

Is the service effective?

Good ●

The service was effective.

The staff were supported to do their job and an ongoing training was in place.

The provider had procedures and training for staff in place regarding the Mental Capacity 2005 (MCA) which meant that people were not at risk of unlawful restrictions being placed on them.

People's social, health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views and make changes to their care.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to access a range of healthcare professionals as required and recommendations for changes were implemented.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Is the service well-led?

Good ●

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to raise concerns and issues with the registered manager and provider.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

The Pavilions

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 30 June 2017 and was announced.

The inspection was carried out by one inspector. We gave the provider 48 hours' notice of this inspection. This is because the registered manager is often out of the office supporting staff and we needed to be sure that they would be available. We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report. During the inspection we visited the service's office, spoke with seven people receiving personal care from the service. We also spoke with three relatives who were visiting their family member.

At the time of this inspection the registered manager was not available. We spoke with an area manager, a care team leader, a senior carer and four care staff. We looked at six people's care records. We looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service. We also spoke with healthcare professionals, a representative from Age UK (a national charity organisation) and a contracts monitoring manager from the local authority to obtain their views about the service provided by the service.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, "They (care staff) look after me very well and I feel very safe when they are helping me." Another person said, "Yes I feel safe and the care staff are cheerful and never rush me and take time and have a chat with me." People said that they were able to talk to with the staff and have a laugh and joke together. A relative told us that, "I feel that [family member] receives safe care and the staff are careful when providing the care." Another relative said, "The care and support is very good and my [family member] is very happy with their support and care – I feel that their care is safely delivered."

The provider had ensured that there were safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures. Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had received safeguarding training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns regarding any allegations of harm with the registered manager and senior staff or the local authority safeguarding team. One member of staff said, "If I saw any poor care I would be confident in reporting it to my manager without any delay." This showed us that there were processes and procedures that helped reduce the risk of harm to people.

Each person had an information file in their flat containing care and support plans and daily notes which were completed by care staff and detailed the care and support that had been provided during each care visit. This showed that people's care needs were met as required. Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. These included assessments for moving and handling, assistance with medicines and any environmental risks.

People's care plans included information regarding the level of support that was required with administration of their medicines and also whether the person would be responsible for the administration of their own medicines. One person said, "They [staff] always make sure that I get the tablets that I need to have during the day and at night time." We saw a sample of medicine administration records (MAR) in people's flats and saw that they had been appropriately completed. We saw that staff had received training and had their competency checked by a member of management staff to ensure the safe administration of people's medicines. The area manager told us that where any errors regarding medication administration had occurred this was followed up with the member of staff and where required further training would be given to ensure their safe practice.

People that we spoke with confirmed that staff were on time and had never missed any of their care calls. One person said, "The carers are usually on time and if they are running late then they let me know." The area manager told us staffing levels were monitored on an ongoing basis to ensure that the people's care and support needs could be safely met. We saw that the service used agency workers where there had been any shortfalls in staffing.

Staff only commenced working for the service when all the required recruitment checks had been

satisfactorily completed including suitable references and a criminal records check via the disclosure and barring service (DBS). Staff we spoke with told us that their recruitment had been effectively managed. Staff recruitment was managed in conjunction with the registered manager and the organisation's personnel department. One member of staff said, "I had to fill in an application form, have an interview and have a DBS check before I started work."

Staff confirmed that they had received an induction and completed shadow shifts with more experienced staff before they felt confident in providing care to people on their own. The area manager told us that six new carers and a senior carer had been recruited and were in the process of completing recruitment and induction before providing care to people. This showed us that the provider only employed staff who were deemed suitable to safely provide care and support to people using the service.

Is the service effective?

Our findings

People spoke positively about the care staff and were very pleased with the care and support they received. One person told us, "They [care staff] are very good and help me with whatever I need." Another person told us that, "The carers are really cheerful and they make sure everything has been done before they leave and they are very careful and considerate." Relatives we spoke with said they all felt that the care and support provided by care staff met their family member's needs. One relative said, "My [family member] has a number of needs and the staff really understand and take time to help them in a kind and effective way."

We saw that staff had received an induction and training when they started work to ensure that they followed safe working practices. We saw that there was a programme in place to make sure staff training was kept up to date. Training records showed, and staff confirmed that the training they needed to meet people's needs had been provided. Examples of training included; safeguarding, dementia awareness, MCA, food hygiene, and safe moving and handling. Staff we spoke with also confirmed they had completed additional training and had achieved NVQ (a nationally recognised qualification) at levels 2 and 3. The area manager told us the newly recruited staff would be completing the Care Certificate (a nationally recognised qualification for care staff). This showed that staff were supported to have ongoing training to refresh and improve their knowledge and skills.

Staff told us they felt supported by the management team and received regular supervision where they had the opportunity to discuss the support they needed and to discuss their training and development needs. Senior staff also carried out spot-checks of staff. This meant there were effective systems to support and monitor staff so that they were delivering effective care for people.

People told us that where meals and drinks were provided, staff had consulted with them regarding their individual needs and preferences. One person said, "They (staff) always ask me what I would like to eat and drink." Another person said, "The care staff are very kind and make me breakfast – I like tea and toast. They help me to go down to the dining room to have my lunch where I can choose what I would like to eat." We saw that assessments of people's dietary needs and preferences had been made and that these were recorded in their care plan. We saw that people also had access to lunch provided by an onsite catering service provided in a communal dining room. We observed that these were social occasions and staff had assisted people in getting from their flat to the dining room for lunch.

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. 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.

We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff during their induction and on an ongoing basis regarding the Mental Capacity 2005 (MCA). Staff we met confirmed that they had received MCA training. We saw that no one was currently being deprived of their liberty and the area manager was aware of the relevant contact details and local authority procedures to follow regarding this area.

People were able to access a range of healthcare services. One person said, "The staff help me to see my doctor when I need." A relative said, "The staff have called a doctor to see my (family member) when needed and always contact me if there are any issues or health changes to my [family member]." We also received positive comments about the service from a representative of Age UK (a national charitable organisation).

Is the service caring?

Our findings

All of the people we spoke with, including their relatives, told us that care staff respected their privacy and dignity. For example, one person said, "They help me with having a wash and getting dressed and make sure that everything has been done before they leave and we have a laugh and chat together." A second person said, "The care is excellent –and I have no concerns." A third person said, "The care staff are kind and respectful towards me and they know what they are doing." A fourth person said, "The staff help me with a shower and I look forward to seeing them." A fifth person said, "I am really happy with the carers who come to help me with the things I can't do for myself." However, some people said that there had been a number of agency staff providing care recently and that they preferred to have care from the permanent staff who knew their needs well. We raised this with the area manager who told us that this was being addressed through a recent recruitment drive to provide more permanent care staff.

Relatives we spoke with confirmed that the staff provided kind and caring support to their family members. One relative said, "The staff are very good and always make sure my [family member] is well looked after." Another relative told us, "The care staff who support my [family member] are very kind, caring and helpful – we are reassured that our [family member] is receiving such good care." During the inspection we saw that there was a warm and cheerful rapport between staff and people with a lot of good natured banter in place.

We saw that a number of people had been assisted by care staff to attend an activity (provided by a musical entertainer) in the communal lounge in the housing complex. We saw that where possible staff participated and helped with the activity and took time to chat with people in the lounge. We saw that this was a very sociable and cheerful occasion including lots of tea, cake and biscuits and people were seen to be comfortable with staff.

When we visited people in their flats we observed that staff knocked on the door before entering and introduced themselves. We observed that staff spoke with people in a friendly and respectful manner. Staff used people's preferred names and demonstrated an affectionate and caring attitude towards people. People told us that staff had taken time in talking with them about things which were important to them during their day.

The staff we spoke with during our inspection showed a great deal of warmth and enthusiasm about their work and the people that they were providing care to. One staff member said, "I really love my job and enjoy providing the best care to people living here." Another member of staff said, "I enjoy my work and making a difference to people's lives and helping them remain as independent as possible." One person said, "The staff provide an excellent service and treat me so well and we have a laugh together"

Staff we spoke with demonstrated that they were aware of how to promote and maintain people's independence whilst meeting their needs in a caring way including caring for people living with dementia. One member of staff said, "I encourage people to do as much for themselves such as when assisting people to wash and I help with the things a person can't do for themselves." This was also reflected in the care plans we saw and included people's wishes and preferences as to how staff should support them.

The area manager told us that people were provided with information as to how to access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

All of the people we spoke with told us they were provided with care that met their needs and were able to discuss any changes that may be needed. One person said, "They [staff] know me well and really help me with what I need - I am very happy with the care indeed." A relative said, "They know [family member] really well and I am happy with the care and assistance they give." Another relative said, "My family member's care is reviewed and any changes to calls are made as necessary." People and their relatives confirmed that they had been consulted and were involved in reviews of the care and support being provided. Records of reviews held in people's care plans confirmed this to be the case.

Assessments had been undertaken prior to the commencement of providing people with personal care to ensure that their needs could be safely met. In the care plans that we saw there were signed agreements to confirm that people had agreed the care to be provided. We saw six care plans and we saw evidence that people were consulted during reviews of their care and support needs.

We saw that the management team and care staff had regularly reviewed people's care plan with the person using the service and their relatives where necessary. The care team manager told us that care plans were updated and reviewed every six months or more regularly where people's needs had changed such as change to a person's medicines, health needs and following treatment in hospital. Care plans were also monitored as part of the quality assurance monitoring processes.

We saw six people's care plans during our inspection. There were guidelines in place about the care and support that was to be provided during each visit. We saw details in place regarding the person's background, family contacts and personal preferences as to how care and support was to be delivered. Individual preferences were recorded and care plans were written in a 'person centred' style and recorded what was important to the person and how they wished their care to be provided. Examples of care and support that people received included assistance with personal care including assistance with washing and dressing, preparation of meals and drinks, assistance with medicines, domestic tasks and social and welfare calls.

We saw samples of the daily notes completed by care staff detailing the care and support that was required during each care visit. People told us that staff had been responsive and flexible to their needs such as visiting them earlier or later to meet their individual plans and needs during the day.

People and their relatives that we spoke with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I ever have any concerns they [registered manager and staff] are very good at sorting it out for me." A relative told us that, "The manager [registered manager] and staff are very good and have dealt with any issues or concerns quickly and efficiently."

A copy of the service's complaints procedure was included in people's information packs kept in their flat. We saw that the complaints policy/procedure contained guidelines for people on how to make a complaint. We saw that all complaints were acknowledged and resolved to the person's satisfaction as much as

possible. This was confirmed in a sample of records and correspondence in the complaints file that we saw.

Staff worked in partnership with health care professionals. The service was in regular contact with local surgeries and people had access to appointments with their GP and received visits from district nurses when required. People we spoke with confirmed that they had been assisted to contact their GP when needed. This was also confirmed by relatives we spoke with.

Is the service well-led?

Our findings

A registered manager was 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.

People, relatives and staff told us the registered manager and management team were approachable and listened to what they had to say. One relative said, "The manager [registered manager] and staff keep us up to date about any changes." A person said, "The staff are easy to talk with and make time to talk to me and check that I am okay." Another person said, "They (management staff) ask me what I think of the care and I can always speak with them (managers) when I want."

Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. The registered manager and senior staff worked alongside staff to monitor the service, which helped them to identify what worked well and where improvements were needed. Staff confirmed that they attended staff meetings to share information and ideas on how to improve the service and to ensure people's needs were being respected and met. Staff confirmed that they received ongoing supervision so that they had an opportunity to discuss their work and development needs. Staff also confirmed that members of the management team carried out unannounced competency/spot checks to monitor their work practice.

Staff told us that the management team were approachable and supportive. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. Staff told us they enjoyed their work and working for the service. One member of staff said, "I really love my job and this is a really good service to work for."

Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Another staff member said, "If I saw or knew about any poor care or bad practice I would report it to my manager without any hesitation. I would be confident that (the management team) would deal with my concerns properly." Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work.

The management team and provider carried out a regular programme of audits to assess and monitor the quality of the service. Examples included audits of medicines, staff training, care planning and finances. Where shortfalls were identified; records demonstrated that these were acted upon promptly. Any areas for improvement were identified and actions taken. Examples included improvements to the administration of medicines and updates in staff training.

We saw surveys had been completed to obtain feedback from people using the service; their relatives, care professionals and staff. People and relatives confirmed that they had received surveys to complete. We reviewed the results of these surveys and they contained positive feedback about the service provided, the

staff and the management team.

We found that notifications had been submitted to the CQC when this had been required. This showed us that the provider and staff were aware of their legal responsibilities.