One Housing Group Limited

Esther Randall 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

Overall summary

We carried out an announced inspection on 9 December 2015. The last inspection of this service was carried out on 28 April 2014 and all the standards we inspected were met.

Esther Randall Court is an Extra Care provision operated by One Housing Group Ltd. At the time of the inspection, personal care support was being provided to 20 older people, who share accommodation in a block of 34 flats.

The service had a registered manager in place. 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.

The registered manager, staff and health and social care professionals worked closely with people to ensure the support offered was person centred and responsive to people's individual needs. The staff team also ensured there were excellent links with the community and that people were engaged in activities that enhanced their quality of life and wellbeing.

Summary of findings

Staff had a good understanding of safeguarding people and the types of abuse that may occur. There were suitable arrangements in place to safeguard people including procedures to follow and how to report and record information.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. Measures were put in in place to minimise any risks identified.

Arrangements were in place to ensure the safe administration and storage of medicines.

There were appropriate procedures in place for the safe recruitment of staff and to ensure all relevant checks had been carried out.

There were sufficient numbers of staff to meet the needs of the people they supported.

All staff had received induction training and mandatory training. They also received specialist training in areas such as tissue viability, diabetes and engagement and motivation.

Staff received regular supervision and appraisal from the registered manager and deputy manager. This included a discussion about any arising issues with the people they supported and any training needs they had to better care for those whom they supported.

Staff treated people with dignity and respect and this was a fundamental expectation of the service, they had a good understanding of equality and diversity and about the need to treat people as individuals.

People were supported to actively express their views and be actively involved in making decisions about their care and treatment.

Information regarding how to make complaints was discussed with people individually and leaflets were available and visible. There was a system for addressing any complaints and ensuring feedback was given to the complainant and any learning took place.

The quality of the service was monitored by regularly speaking with people to ensure they were happy with the support they received. The registered manager and deputy carried out observation checks on staff to monitor performance and ensure a high quality 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?

Good

The service was safe. Staff knew how to report concerns or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet people's needs.

There were suitable arrangements for the safe administration and storage of medicines in line with the provider's medicines policy.

Is the service effective?

Good

The service was effective. Staff received induction training and relevant mandatory training.

People were assisted to access the GP and ongoing healthcare support.

Staff supported people where appropriate with food and drink in order to maintain a balanced diet.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Staff supported the same people as much as possible in order to ensure consistency and to build relationships with people.

Staff focused a lot on promoting a good quality of life and wellbeing for people. There were opportunities for people to have grooming sessions on a regular basis.

Is the service responsive?

Good

The service was responsive. There were good links with the community and people were engaged in activities they enjoyed and helped to maintain relationships, especially with younger people.

Care plans and risk assessments were person centred and reviewed regularly.

People were supported to actively express their views and be actively involved in making decisions about their care and treatment.

The service had a complaints policy in place and people knew how to use it.

Is the service well-led?

Good

The service was well-led. The service was well managed and provided person centred care and support that met people's individual needs.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

Summary of findings

There were regular surveys and checks taking place to ensure high quality care was being delivered.

Esther Randall 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 9 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team included 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 service.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with five staff including the registered manager the deputy manager and the care coordinator. We gained feedback from seven people who used the service. We also gained feedback from health and social care professionals who were involved with the service as well as commissioners.

We reviewed five case records, four staff files as well as policies and procedures relating to the service.

Good

Is the service safe?

Our findings

People and their relatives we spoke with said they felt safe and that staff understood their needs. One person said they felt "Very safe." People wore an alarm pendant so that they could call for assistance at any time and each flat was fitted with a small screen by their front doors to enable them to see who was at the door. There was also a flashing light that was activated when the door bell rung which was especially useful for people who had a hearing impairment.

Staff had received training in safeguarding adults and their training was up to date in this area and we saw that the registered manager had recently delivered a briefing to staff on safeguarding adults. A whistleblowing procedure was also in place and staff knew of this and how to use it. One staff member said, "Reassuring clients is most important and also building relationships so that they can trust me enough to tell me anything."

The management team understood the process for dealing with safeguarding concerns appropriately as well as working with the local authority and the community mental health teams around investigations and any safeguarding plans implemented.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included risks due to the physical health and mental health needs of the person. Assessments were person centred and were dependent on the needs of the person. They included areas such as administration of medicine, moving and handling, finance, self-neglect and possible violence. They included information about action to be taken to minimise the chance of harm occurring, for example, where a person had restricted mobility, guidance was written for staff about how to support them safely when moving around their flat and transferring in and out of chairs and their bed.

We saw evidence that health and social care professionals associated with people's care were consulted and referred to appropriately with regard to how risks were identified and managed in a way that promoted people's development and independence. This included information confirming the provider had regularly sought advice and intervention from professionals such as GP's, care coordinators and district nurses when required.

Recruitment checks were carried out before staff started working with people using the service. Each staff member had two employment references, identity checks and a Disclosure and Barring Service certificate (DBS). This meant staff were considered safe to work with people who used the service.

The care coordinator was responsible for overseeing the medicine management process. He ensured that medicines were ordered, checked and stored appropriately. Each person had a small lockable medicine cupboard in their flat for storage purposes. We saw that medicines for those who required them were in blister packs and staff were expected to sign that these had been given on the 'Medicine Administration Record' (MAR) sheet. This process was also confirmed by the staff we spoke with. A medicine policy was in place and training in medicine handling and awareness was available to provide guidance for staff.

People we spoke with and their relatives told us they thought there was enough staff available to support people, staff rotas we saw confirmed this. However, we heard from one person that weekends were not always as well staffed as the weekdays and that they had raised this with management who said they were looking at doing something about it. We discussed it with the registered manager who reassured us there were sufficient numbers of staff to keep people safe, however they were currently looking at changing weekend rotas to ensure there was enough management cover to support staff onsite as they believed this would improve the service provided. There was out of hours of hours management cover provided by the registered manager and senior managers.

Good

Is the service effective?

Our findings

People told us they thought the service was effective and their needs were being met. One person said, "'My God, you couldn't wish for better people. They're not only health carers, they're counsellors as well. They've been so lovely here." Another said, "The carers are worth their weight in gold."

Training was provided by the provider and was delivered face to face. All staff were up to date with their mandatory training which included safeguarding adults, first aid, fire safety, manual handling, medication awareness and food safety. Staff had also received specialist training in tissue viability, diabetes and engaging and motivating people who use services. Staff told us the training was very good and assisted them to support and care for people appropriately as well as understanding the different policies and procedures. All staff were required to complete an induction programme and staff we spoke with confirmed that it included a mixture of training and shadowing other staff. We saw that five staff had completed the new care certificate and three new staff were working towards achieving it. Thirteen of the staff had successfully completed a level three diploma in health and social care. We saw that the manager and deputy manager had delivered briefings on subjects such as safeguarding adults and the Care Quality Commission (CQC) new methodology. For example, each domain (Safe, Effective, Caring Responsive and Well-led) was broken down and discussed to ensure staff knew what was expected of them as well as the provider.

We spoke with staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Records indicated that staff had received one to one supervision monthly to two monthly. There was also evidence of regular annual appraisals from the staff files we looked at. We saw that the content of supervision sessions recorded were relevant to individuals' roles and included topics such customer discussions, policies and procedures, training and development. Staff confirmed that supervision sessions took place regularly and they found them useful and supportive. One said, "The managers are very supportive and have really helped me." Another said, "Supervision is monthly and appraisals are annually, we have an open culture and if there is anything to say we just say 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.

The registered manager and the staff we spoke with had a good understanding of the principles of the MCA. We saw evidence of signed consent to care and treatment and where appropriate, the GP had placed 'Do Not Attempt Resuscitation' (DNAR) forms on people's records and these had been discussed with people and signed by them.

Some people were able to cook for themselves and others needed some support around food preparation and cooking and some people had meals delivered. People told us they were happy with the way their meals were prepared as well as how they were supported to maintain a nutritionally balanced diet. One person told us how their relative went food shopping, prepared the meals and put them in the freezer for future use. If she wanted something different, the care workers prepared something for her. We saw that once a week there was a 'fish and chip' day and the staff would go to the local fish shop to get their orders. This was popular with the people we spoke with. Another person from the Caribbean prepared his own meals and also attended a culturally specific daycentre once a week and had a meal whilst he was there. Staffed told us that they regularly had days when they would bring in a traditional dish and share it around and people liked tasting different types of food.

People had access to a local GP who visited the service once a week. Most people were registered with them and people told us they were happy with the service. Staff were able to contact the GP by telephone or email and after each visit a detailed handover which had come from the GP was given to the staff team on the incoming shift, which we saw on the day of inspection. We also spoke with a visiting podiatrist who told us that staff were very good at contacting them if someone needed to be seen and any instructions were followed through well. We saw that people also had access to other health services to ensure they were able to maintain good health and any actions and outcomes from appointments were recorded in people's case files.

Good

Is the service caring?

Our findings

People who used the service were positive about the attitude and approach of the staff that visited them and told us they felt the staff were caring. One person told us, "'Everything's wonderful here. I'm so happy." Another said, "I talk to the staff and you know the ones who are dedicated and those who are not like the agency staff. Before there were too many agency staff but there has been a big improvement in the carers since we've had new management." Another said "These people are absolutely wonderful. They're not carers and management, they're like family. The management can't do enough for you, I can't fault them. They treat you as if they're your family."

The registered manager told us that care workers supported the same people every day as much as possible in order to ensure consistency and for staff to build relationships with people. There was a keyworker system in place which meant that staff had specific responsibility for a number of people they supported and this included engaging with them and supporting them with activities to enhance their wellbeing. One staff member told us "I see it as a privilege to get to know people and always tailor tasks to fit in with people and do it their way."

During our inspection we saw a real sense of community at the service and people told us of the family atmosphere. People were treated with dignity and respect and we saw this was a fundamental expectation of the service. Many people had volunteer befrienders that had been arranged by the service and the staff tried as much as possible to match people with volunteers with similar interests.

We saw visitors coming and going throughout the day and they were asked to sign the visitors book on arrival and when leaving. There was also a room where visitors who were coming from long distances could stay overnight at a reasonable price. There were information posters in the communal rooms regarding how to complain, information about Esther Randall Court and how to access various organisations for support.

Staff focused a lot on promoting a good quality of life and wellbeing for people. For example, there were opportunities for people to have their hair cut and styled by a visiting hairdresser and the deputy manager held men's grooming sessions on a regular basis. A specially adapted hairdressing room had been created and the registered manager also offered manicures to people who wanted it. A mental health worker who was visiting a person during the inspection told us of the improvement he has seen in the person he had referred to the service. He said that he did not think the person would have made the improvements without the help and support of the managers and staff and that they were stable for the first time in many years.

Staff completed life histories in the form of a booklet called 'Forget me not' for people and this was used along with other personalised information to ensure equality and diversity was upheld. There was a policy in place, training for staff and all of the staff we spoke with had a good understanding of the ways in which equality and diversity could be achieved. One staff member told us, "It's all about respect and acceptance, don't judge or dictate, be willing to learn and listen."

Good

Is the service responsive?

Our findings

People told us they received care and support that was responsive and met their needs. One person said, "I spend a lot of time in the flat but there is always someone available to push me in a wheelchair when I want them. Someone will always come up when you phone down." Another said, "I'm very happy but I'm outspoken, I'll tell [the manager] if anything's wrong." Another person told us that if any of the staff don't know how to do something, "They look it up." They went on to explain an incident when a care worker had not done a particular task before. She talked the care worker through what to do and the following day the manager came to her and asked if she would show other care workers how to deal with the task. The person was delighted to help and very pleased the registered manager was had asked them.

Care plans were detailed and personal and provided good information for staff to follow. They were well organised and easy to follow although some were very full and information could have been archived to make them easier to handle. They contained detailed pre-admission information from the referring local authority. We saw evidence of assessments for nutrition, physical and mental health and details of health care professionals to contact in the event of a crisis. The care files included care and health needs assessments, care plans, risk assessments and detailed information and guidance for staff about how people's needs should be met. The files also included evidence that people, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. One person we spoke with told us they had been fully involved in planning their care and was full of praise that the deputy manager had arranged for them to have their daily wash in the afternoon. Information had been reviewed by the staff and people using the service on a monthly basis. Assessments were also undertaken to identify people's support needs before they started to use the service and for people moving into the Esther Randall Court, they were invited to spend time in the unit before they made a decision to move in.

Health and social care professionals told us that they worked closely with the registered manager and staff to ensure the support offered was person centred and that the provider encouraged this approach. Relatives were also involved in the development of care plans and a family member told us that they had worked alongside staff after her relative had suffered a stroke to devise a method for her to make her own tea. It involved filling the kettle, putting a mug in a washing up bowl and then pouring the boiling water into the mug. This was done with supervision but allowed the person to remain as independent as possible.

Signs of wellbeing were apparent amongst people who were smiling, engaging with staff and one another. We saw people moving independently between floors without restriction and they were able to spend time where they wanted to, for example in their bedrooms, communal areas, dining rooms etc. Visitors and relatives told us they were encouraged to visit at any time and we saw people coming and going throughout our inspection.

Activities were a big part of engaging people at the service and we saw a new initiative that involved keyworkers finding out what people like doing and then setting aside time to work with them to re-establish an activity or interest. For one person who was a musician, the keyworker had organised for someone from a voluntary organisation to come to his flat and play an instrument for him. A voluntary organisation had also delivered 'Festival in a box', which by sharing knowledge and stories of the local area, people had a chance to re-engage with the community. Boxes were made up of art and memorabilia and over several weeks they becameminiature 'archives of engagement'. Other activities included a regular 'Doggie Tea Party' for people to engage and enjoy the company of dogs for a short time during the day. The provider had organised a staff choir and they practiced once a week and performed regularly to people in the communal lounge. One person told us they spent most of the time in the flat but said, "I will go down to the lounge for special occasions like the choir tomorrow."

The staff team ensured there were excellent links with the community and that people were engaged in activities that enhanced their quality of life and wellbeing. They were involved in a volunteering project and partnership as part of the National Citizen Service (NCS) Challenge. The aim of the NCS project was to help young people build skills for work and life whilst taking on new challenges and meeting new people. They assisted people at the service with activities, put on a play and generally helped out. People told us they enjoyed the company of the young people and felt it was good to have more contact with them which they had missed.

Good

Is the service responsive?

Information regarding how to make complaints was discussed with people individually and leaflets were available and visible. People we spoke with and their relatives told us they knew how to make a formal complaint and staff were clear about how to support people to do so. The complaints log gave details of the complaint the outcome and any learning from the incident.

Good

Is the service well-led?

Our findings

People and their relatives told us they thought the service was well run and that management and staff were open and honest. A person who used the service told us, "The management is very, very good, lovely. The talk to us in a nice manner. I attend meetings, we are listened to and they act upon things. If they didn't, I'd be after them." Another person said, "It's brilliant, it deserves three or four stars whichever is the most. I am absolutely happy here. I can't speak highly enough of it."

We saw that the registered manager and deputy manager promoted a positive culture that was person centred, inclusive and empowering. Staff showed respect for people as individuals and supported them to continue their chosen lifestyles. People told us they were listened to and felt they had a say in the way the service was run. The service had recently taken part in an independent survey run by a national organisation that asked for feedback from people living at the service. As a result they had been ranked in the top forty services across the country as providing an excellent service and staff had been invited to an awards ceremony.

It was clear from our discussions with staff that morale and motivation was high. Staff told us the managers were caring and their doors were always open. They said the registered manager ensured staff had responsibilities and were part of people's lives and were not just seen as care workers. Another said, "There are signs of a good manager as we have a happy staff team". They said they felt confident they were listened to and actively involved in the development of the home through various forums including staff meetings and one to one supervision. There were regular checks of staff practice via management observations that looked at how staff were working practically with people and monitored their performance. Managers recommended appropriate training and development as a result of these observations. We saw appropriate policies and procedures in place to support and guide staff with areas related to their work.

There were opportunities for people to provide feedback and for their voices to be heard, through tenants meetings and monthly customer consultation meetings arranged for people. People told us of one to one meetings with staff who were their keyworkers and a recent development where one to one meetings were organised for people and the registered manager to discuss the quality of the service. A recent customer survey had also been undertaken in July 2015 and the feedback was positive.

The registered manager conducted quarterly audits of care records including checking care plans and risk assessments to ensure the service provided high quality care. Any actions identified from audits were followed through and any learning shared with the staff team. The care coordinator also undertook regular medicine audits and devised a point system to check for any errors, like missed signatures. If any staff member was not meeting the required standard, it would be discussed with them and they would receive a verbal warning and possibly be retrained in specific areas. Other audits and checks included regular checks by the head of service and an annual monitoring visit by the local authority.