

Housing & Care 21

Housing & Care 21 - Lea Court

Inspection report

New Road
Madeley
Crewe
Cheshire
CW3 9DN

Tel: 03701924000

Website: www.housing21.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection at Housing and Care 21 – Lea Court on the 26 July 2018. At the last inspection on 26 January 2017 we found that there were breaches in Regulations. Improvements were needed to ensure that there were effective systems in place to monitor and manage the service and the provider had not consistently notified us of incidents that had occurred at the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good. At this inspection we found that improvements had been made in some areas. However, further improvements were still required.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in their own private flats in a large purpose-built building within the town of Madeley. The service is connected to a separately run community hub that has a café and food area and a hall where activities take place that people living within Lea Court are welcome to use.

Not everyone using Housing and Care 21 – Lea Court receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. 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.

Improvements were needed to ensure that the systems in place to monitor the quality of the service provided were completed as required to identify concerns within the service. Records did not always contain accurate and up to date information.

We have made a recommendation about assessing and planning people's diverse needs and advance care planning for people's end of life needs.

People were supported to eat and drink sufficient amounts and nutritional risks were assessed and monitored. People's health was monitored and health professionals input was sought and followed where required.

Medicines were managed safely to ensure people were supported with their medicines as required.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety.

There were enough safely recruited staff available to meet people's needs in a timely way and infection control measures were in place to protect people from the potential risk of cross infection.

People were supported to make decisions about their care in line with the Mental Capacity Act 2005, which ensured people were supported in their best interests.

People were supported by caring and compassionate staff. People's choices were promoted and respected by staff in a way that promoted people's individual communication needs. People's dignity was maintained and their right to privacy was upheld.

People were involved in the planning of their care and people received care from a consistent staff group in a way that met their individual needs and preferences.

People and relatives knew how to complain and the provider had a complaints procedure in place.

Feedback had been gained from people and relatives which had been acted on to improve the service. Staff were supported in their role and were given the opportunity to develop their skills and knowledge.

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 responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety. There were enough suitably recruited staff available to meet people's needs and infection control measures were in place to protect people from potential infection risks. People received their medicines when they needed them and accurate medicine records were maintained.

Is the service effective?

Good 

The service was not consistently effective.

Improvements were needed to ensure the principles of the Mental Capacity Act 2005 were consistently followed and decisions were made in people's best interests.

Improvements were needed to ensure that people's diverse needs were considered in the assessment of their needs to enable effective planning of their care.

Staff received training to carry out their role and there was a system in place to ensure staff's competency and understanding was assessed.

People were supported to eat and drink sufficient amounts in line with their assessed risks. People's health was monitored and health professionals input was sought where needed. Systems were in place to ensure people received consistent support across the service and across other agencies.

Is the service caring?

Good 

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. People were supported to make choices in the way their care was provided and their independence was promoted. People were supported

in line with their individual ways of communication. Staff treated people with dignity and their right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care to ensure they received care that met their changing needs. People's independence was encouraged and their preferences in care were gained and followed by staff.

People received care from a consistent staff group which met their individual needs and preferences. People and relatives knew who to contact if they had a complaint and there was an effective complaints system in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Improvements were needed to ensure that effective systems were in place to monitor the quality of the service provided. Records were not always accurate and up to date.

People and their relatives had been asked for feedback to inform service delivery. Staff were supported to develop in their role and their performance was monitored to ensure that they were providing a good standard of care to people.

The registered manager worked in partnership with external agencies and they were aware of their responsibilities of their registration with us (CQC).

Housing & Care 21 - Lea 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 was 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 took place on the 26 July 2018 and was carried out by an 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. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff and the registered manager would be available. We also needed to ensure that consent was gained from people who used the service to enable us to visit them.

Before the inspection we reviewed the information included we held about the service, such as feedback from staff and people. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked any notifications we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries, safeguarding concerns and changes to the service provided.

We spoke with six people who used the service and three relatives. We also spoke with three staff, the assistance care manager and the registered manager. We spoke with the Regional Extra Care Manager after the inspection to provide feedback of our findings. We viewed four records about people's care and medicine administration. We also looked at systems in place that showed how the home was managed. This included audits and recruitment records for four staff employed at the service.

Is the service safe?

Our findings

At our previous inspection we found improvements were needed to ensure people's medicines were administered safely. We rated this area as requires improvement. At this inspection improvements had been made and this area was rated as good.

People told us that staff administered or prompted them to take their medicines when they needed them. One person said, "The staff get all my meds ready for me and put them out on the table. I take them myself when they are here. They won't leave until I have". Another person said, "They [staff] get them out for me and I take them and they write in the book when I have and what I have taken". People's care plans and Medicine Administration Records (MARs) contained details of people's medicines, the frequency and the time that people needed to be supported with their medicines. The MARs we viewed contained signatures to show that staff had supported people with their medicines. Staff we spoke with told us that they felt competent to support people with their medicines as they had undertaken medicines training. The records we viewed confirmed this. This meant that people's medicines were managed safely.

People and relatives told us that staff knew how to help them safely, whilst promoting their independence. One person said, "I do have a walking frame to help me but I am quite steady overall. Staff do talk about risks and make me aware of any trip hazards. I cannot always reach my meds in the cupboard as it is high so they reach and get them for me telling me I mustn't try in case I fall". One relative said, "When my relative has a shower they wait near to make sure they don't slip as my relative is still able to wash themselves independently. This reduces the risk of anything happening". Staff were able to explain how they supported people to reduce risks and had a good knowledge of how to reduce people's risks whilst promoting their independence. For example; one person's risk assessment stated that they had dry skin and were at high risk of developing pressure sores. Staff told us how they ensured this person was encouraged to move to alleviate the pressure and staff prompted this person to sit on their pressure cushion. The care records we viewed confirmed what staff had told us. This meant people were supported to lower risks to their health and wellbeing whilst their independence was promoted.

We saw that the provider had a recruitment policy in place. The registered manager had undertaken criminal record checks that ensured staff employed at the service were suitable to provide support to people. We saw that the provider had ensured that they received references from previous employers to judge staff's previous performance and suitability. This showed that the provider ensured people were supported by suitable staff.

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "It is a secure complex but what really makes me feel safe is the knowing the carers are coming to me every day to check on me. This makes me feel very safe". Relatives told us that they trusted staff and knew that their relatives were supported safely. One relative said, "It is reassuring that my relative is safe knowing they [staff] are calling in on my relative four times a day to ensure they are safe and alright". Staff explained the various signs of abuse and the action they would take if they felt someone was at risk of abuse. One staff member said, "I would make sure the person was okay and report any concerns immediately to a senior

member of care staff or the registered Manager". We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. They were aware of the professionals that they needed to inform and we saw that where there had been concerns about a person's safety they had reported this as required. This meant people were protected from the risk of harm.

People and relatives, we spoke with told us there were enough staff available to provide support when they needed it. People told us that staff arrived on time and staff stayed for the required time. One person said, "I have never had an issue with staffing. Even if I press my wrist band alarm if I need the toilet when they are not here, they come within 10 minutes, superb service. I need a double up call and always get two staff". Another person said, "Staff are always here for me and always help around if I need anything". A relative said, "My relative needs two carers to come to hoist them and two staff always come" Staff told us there were enough staff available to meet people's needs. One staff member said, "There are enough staff and we all pull together if there are shortages due to sickness or holidays. We always make sure people are informed if we are going to be late due to an emergency too". Staff and the registered manager told us where there were staff shortages the permanent staff covered the hours or staff from the provider's other services would cover as they were trained and knew the providers procedures. This meant that there were sufficient staff available to meet people's needs.

People told us without exception that staff always wore aprons and gloves when they were supporting them. Staff told us that personal protective equipment such as gloves and aprons were readily available for them to use and staff ensured that these were used when personal care was being provided. This meant that people were protected from the risks of infection control and cross contamination.

Is the service effective?

Our findings

At our previous inspection we found improvements were needed in this area and this area was rated requires improvement. At this inspection further improvements were needed and this area continued to be rated as requires improvement.

We checked whether people received care in line with the Mental Capacity Act 2005 (MCA). The 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. Mental capacity assessments had been completed for people who were unable to make decisions. Staff we spoke with had a good understanding of people's ability to consent to their care and how they needed to support people to make informed decisions. Staff told us they had received training in the Mental Capacity Act to ensure they understood how to support people effectively. This meant that people were supported in line with the Mental Capacity Act 2005.

Before a person used the service an assessment of their needs was carried out to ensure that the person's needs could be met by the service. Information was gathered from the person themselves, family members and any other representatives that were involved in the person's life. This information included details such as; the person's past medical history, physical and emotional needs and people's likes and dislikes. The assessment form specified some information about people's diverse needs such as cultural background and religion. However, people's sexual orientation and people's advance wishes in relation to the way they wanted their care provided at the end of their life had not been gathered. This meant that important information that may affect how people's care was carried out had not been sought. We fed this back to the registered manager who stated that they would highlight this to the provider to ensure that the assessment forms were reviewed to ensure these areas were considered to enable a holistic approach to people's care.

We recommend that the provider finds out more information, based on current best practice, in relation to the diverse needs of people and advance planning for people at the end of their lives.

People told us that they felt staff had sufficient training to support them safely and effectively. One person said, "You can tell from the way staff lift and move me that they are well trained and they are fully aware of all my needs". Another person said, "They [staff] all know me well and are all well trained in what they do". Staff told us that they received an induction and shadowed experienced staff members before providing support to people. Staff told us they had received training which included manual handling, MCA, safeguarding vulnerable adults and medicines. The records we confirmed what staff told us and we saw that competency checks were carried out on medicine administration to ensure staff were competent. This meant that staff were trained to provide effective support to people who used the service.

People we spoke with were happy with the support they received from staff in relation to their food and drink. One person said, "The staff help me with my breakfast and make sure I have a drink before they leave.

I am happy with how they support me with my food and drink". Staff we spoke with were aware of people's dietary needs and how they needed to support people to eat and drink sufficient amounts. For example, one person was at risk of dehydration and the records we viewed stated that staff needed to ensure this person was provided with regular prompts to drink. Staff we spoke with told us how they ensured this person's fluid intake was promoted. This meant people were supported with their nutritional and hydration needs.

People who used the service told us that staff were available to help them with appointment to see healthcare professionals if needed. However, all the people we spoke with told us that they were able to arrange to make appointments themselves. One person told us they were confident that if they were unwell and were unable to do this for themselves the staff who visited would contact the appropriate healthcare professional. Staff told us how they looked for signs that people are unwell such as; physical and emotional wellbeing and they would contact a doctor or emergency services if needed. This meant that staff understood what actions to take to maintain people's health and wellbeing.

There was a system in place to handover any changes in people's needs across the service by way of a handover at the end of each shift. Staff told us that the handovers were useful and provided them information about people and if there were any changes in their needs, which enabled them to support people effectively. We also saw that information was passed to other professionals where required such as hospital admissions to ensure that people received consistent care. This meant that information about people's needs was available across the service and other agencies to ensure people received consistent support

Is the service caring?

Our findings

At our previous inspection caring was rated as good. At this inspection the service continued to be caring and was rated good.

People and relatives, we spoke with told us that staff were caring and compassionate towards them. The comments we received from people and relatives included; "They [staff] are nice and friendly and caring to me and do come and chat to me. They look after me well", "They [staff] are all lovely and always have a natter with me. I really appreciate them coming to check on me" and, "I would be lost without them [the staff]. You can have a laugh with them too. They are all great", and "The staff are all very good and my relative likes them all. My relative tells us when we visit her they are very happy with how the staff treat them". This showed that people and relatives were happy with the caring support they receive from staff.

People and relatives told us that they were treated with dignity and respect when staff were supporting them or their relative. One person said, "They are very good when I am having a shower. They close the door and give me a flannel and always hold a towel up for me when finished". Another person said, "I have a shower call and am able to get into the shower myself and they watch to make sure I don't slip and get my pyjamas all ready for me to get into. They also close the door to maintain my privacy". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "It is important to make sure people feel comfortable with the support we provide. I make sure I support people in privacy and confidentiality is also important as this respects people's privacy". We saw that people's care records were stored in locked cabinets to ensure that people's privacy was maintained. This meant that people's dignity was maintained and their right to privacy upheld.

People were given choices in the support they received. One person said, "The staff are very good. They don't start anything without asking me first". Another person said, "The staff would not start anything unless I was comfortable with it. They always liaise with me first". A relative said, "The staff are very good and listen to my relative. They wouldn't dream of doing anything without clearing it with them first". Staff told us they always asked people before they provided support and took account of their wishes. One staff member said, "I always make sure people are happy with the support and check at each call what they want. Some people's independence varies from day to day so it is important to check with the person what they need". We saw that people's choices and preferences were detailed in their care records, which matched what people and staff told us. This meant people were given choices and were encouraged to be in control of their care.

Is the service responsive?

Our findings

At our previous inspection caring was rated as requires improvement. At this inspection improvements had been made and this area was rated good.

People told us staff helped them to maintain their independence. One person said, "Staff encourage me to do what I can. If I struggle I know staff will help me". We saw that one person had suffered a fall and their mobility had decreased when they returned home from hospital. Staff explained how they supported this person to regain their independence whilst ensuring their risk of falling was mitigated. This person had fed back at their review that the staff had given them confidence to walk again, which they had lost after their fall. The records we viewed confirm what staff had told us. This meant that staff had supported this person to move independently and their support needs had decreased.

People and relatives told us and care records showed that they were involved in the assessment, planning and review of their care. One person said, "I have a care plan, which I was involved in. The staff use it every time they come". One relative said, "We have been involved in the reviews of my relative's care. Any changes we have needed have been made". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices, mobility support and how people liked their care providing. Staff also understood different people's individual routines they liked to follow and people's interests, which helped them to have meaningful discussions. People's care records we viewed detailed how support needed to be provided and were personalised to people's preferred times for their care to be delivered. Records showed that people were supported by staff at their preferred time and people told us that staff were always on time. This meant that people were supported in line with their preferences.

People told us that staff arrived on time and consistent staff members visited who they knew well. People said that if staff were running late because of an emergency they were informed so that they were aware of the change. The comments we received included; "Staff are always spot on time. They will be here at 11am today. Look its 11am now and they are just here. I told you they would be here" and, "They are usually on time but will call me if held up for any reason. They always come." "I normally have the same carer and that is good because they know me well and me them too". People and staff told us that when a new member of staff was recruited they were introduced to people they would be supporting before they provided care so that people knew who would be attending. One person said, "I get a single carer. They do swop around but I know them all. If a new one is starting they come with them as shadowing". The records we viewed showed that people received their care at a time that they preferred by a consistent group of carers.

People and their relatives told us that they knew how to complain and they would approach the staff if they had any concerns. One person said, "I have never had a complaint but I would tell staff if I did". A relative said, "I haven't had cause to raise a complaint but I would go into the office to complain if I needed to". Staff told us they would pass any complaints onto the office and recorded any concerns in the daily notes. We saw the provider had an effective system in place to record and monitor any complaints received.

People who used the service were not currently supported with end of life care. The registered manager told us that they would gain people's views and advance wishes as part of people's care reviews.

Is the service well-led?

Our findings

At our last inspection, we found that effective systems were not in place to assess, monitor and manage the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements were still needed.

We found that records were not always up to date. Staff were aware of people's needs and the support required, which matched what people told us they wanted. However, the records did not always contain an accurate reflection of people's care needs. For example; we found that one person's mobility risk assessment did not reflect the information within the care plan. Another person was being supported in bed because their health had deteriorated and the change in their needs had not been updated in their care plan. Another person's mental capacity assessment had not been updated to ensure they were supported in their best interests. Staff and the registered manager told us that staff from the provider's other services occasionally provided support where there were staff shortages. This meant there was a risk that these staff members would not have the information required to support people safely.

We asked the registered manager how they ensured that people's records were accurate and up to date. The registered manager told us that they had not been able to complete the audits as required because they had been away from the service. They told us they had plans to implement a more detailed audit of people's care records. However, we raised concerns at our last inspection on 26 January 2017, with regards to the system in place to ensure records were accurate and up to date. We were informed at the last inspection that the registered manager planned to implement a more robust system. This had not been completed. After our feedback the regional manager informed us that they had taken immediate action to ensure the identified records were updated. The regional extra care manager told us that a plan had been put in place for the registered manager to check two files per week to ensure that people's records were up to date and accurate. Where changes in health needs are identified we were told an immediate review will be completed. We will assess the effectiveness and sustainability of this system at our next inspection.

We found that there were some systems in place to monitor people's care. These had been completed by the assistant care manager. The registered manager's role was to check 10 percent of the audits and complete a tracker to ensure that they were aware of any concerns raised in the audits. However, we found that this system was not effective as the registered manager had not always checked the audits completed and had not updated the tracker as required. For example; the tracker for the medicine audits had not been completed since May 2018. The registered manager told us that they had been absent from the service and had not been able to complete this. However, there was not a contingency in place to ensure that these were completed when the registered manager was absent. This meant that the system in place to ensure the registered manager had an overview of the service was not always effective.

At our last inspection, we found that we had not been consistently notified of reportable incidents at the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found that the registered manager understood their responsibilities to report any incidents that had occurred at the service. We had been informed when a person at the service had passed

away and when there had been a safeguarding concern. The registered manager had displayed their previous inspection rating in the reception area for people to view.

We saw records that showed the provider had systems in place to monitor the service. The service had been audited by an internal auditor and the regional extra care manager had undertaken audits at the service. However, these had not identified the areas that we had raised. For example; during both audits a random selection of care files were checked, but these had not included the care records that we looked at and the registered manager had not completed these. This meant that there was a risk that people's records would contain inaccurate information for a longer period of time. We fed back our concerns to the regional extra care manager who forwarded us an action plan to ensure that swift action was taken to address the concerns. The action plan showed how the regional extra care manager planned to oversee the improvements required at the service on a regular basis including all care plans to be checked regularly and where people's needs have changed care records will be reviewed. We will assess the effectiveness and sustainability of these actions at our next inspection.

People and relatives told us that they were asked for their feedback about the care they received. One person said, "We are asked to complete a survey and I have also been to meetings to discuss the care". We saw that the registered manager had a local survey they asked people to complete and the provider had a corporate system in place to gain the views of people and their relatives. We saw that the feedback from people was positive and where any issues had been raised the registered manager had responded to these. The corporate survey was awaiting an analysis at the time of the inspection. The registered manager told us that once the analysis was completed a report is made available to people on the noticeboard. This meant that action had been taken to ensure that feedback was gained from people and their relatives to inform service delivery.

Staff told us they felt supported and staff meetings were held to pass on any updates in care practice. They told us the meetings were an opportunity to raise any issues that they had and their opinions were sought and acted on. One member of staff said, "Staff meetings are really good as we can discuss things together as a group and highlight any areas that may need improvement". Staff also told us that they received a formal supervision. Supervision is an opportunity for staff and management to discuss work related issues and areas of staff development. One staff member said, "Supervisions are good. We discuss our role and if we need any training". Staff and the registered manager told us that spot checks and an observed practice was carried out whilst staff were providing support to ensure performance was monitored. The records we viewed confirmed what staff told us. This meant staff were supported in their role and there were opportunities to discuss their development needs.

We saw that the registered manager and assistant care manager had contact with other agencies on a daily basis. This included health professionals such as G.P's, district nurses and hospital staff. Relatives told us that the service contacted health professionals when their relatives were unwell or needed further intervention from health professionals. We saw social workers were contacted if people needed and increase or decrease in their calls due to changes in their needs. This meant that the registered manager and provider worked in partnership with agencies to make improvements to people's care.