

Housing & Care 21

Housing & Care 21 - Mora Burnett House

Inspection report

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Date of inspection visit: 2 & 26 June 2015
Date of publication: 12/08/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Housing & Care 21 - Mora Burnett House provides extra care housing to people living in the Camden area. There were 35 individual flats and the service housed 25 people at the time of our inspection. The service provides 24 hour care for older people, people living with dementia, people with a learning disability or autistic spectrum disorder, mental health difficulty, physical disability and sensory impairment.

This inspection was short notice which meant the provider and staff did not know we were coming until shortly before we visited the service. At the last inspection on 5 August 2014 the provider met all of the requirements we looked at.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

‘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 using the service told us they felt safe and were happy living there. We saw people were looked after by staff who knew them, gave them individual attention and looked at providing additional assistance as and when required.

We observed staff, with one exception, behaving in a caring manner towards people and people told us that staff were caring and kind. Staff respected people’s privacy and dignity and their individual preferences. There were people of different nationalities living at the service and people were not discriminated against due to their heritage, cultural or religious beliefs, illness or disability.

We found that staff received training to support them with their role when they joined the service and on a continuous basis to ensure they could meet people’s needs effectively.

People told us they were supported to maintain their independence and maintain their life skills with no more than the minimum support from staff that was required to help them retain their independence.

People received regular assessments of their needs and any identified risks. The service worked well with external agencies and people’s families and friends when people came to the end of their life so that they were given the care they wanted, were treated with compassion and had those who they wished around them.

People, relatives and staff spoke positively about the registered manager and said they were visible and could be easily contacted.

At this inspection we made one recommendation, which you can see in the “caring” section of this report.

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?

The service was safe. Staff were trained in the safe handling of medicines and correct safeguarding procedures to enable them to keep people safe.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The provider assessed risks to individuals and gave staff clear guidelines on how to protect people in their home.

Good



Is the service effective?

The service was effective. People received effective care as staff listened to what they wanted, knew the people they were caring for and treated them as individuals.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005, and their knowledge in this area had improved.

People were supported to eat and drink a healthy diet which met their dietary and health needs, including people suffering with medical conditions such as diabetes.

Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

Good



Is the service caring?

The service was usually caring. People said that staff were kind and compassionate. People were treated with respect and dignity.

Staff knew people and their preferences. People's relatives were able to visit when they wanted.

We recommended one area for further staff awareness in communication and how this was perceived but in all other cases we found that staff displayed a caring and considerate attitude.

Requires improvement



Is the service responsive?

The service was responsive. People's needs were reviewed regularly. Where the need for changes was identified care plans were updated in consultation with people, their key worker and external stakeholders.

Staff communicated with each other and the registered manager on a daily basis to ensure that information was shared about people's changing needs.

People and their relatives were given information about how to make a complaint and they felt confident to do so if needed.

Good



Summary of findings

Is the service well-led?

The service was well-led. People were asked for their views through meetings and regular sessions with their keyworker. Staff, people and their relatives could approach the registered manager with their queries and the registered manager listened to feedback so that improvements could be made.

The registered manager was visible and approachable and we received positive feedback about the management of the service from people using the service, their relatives and staff.

Audits were carried out across a wide range of areas and this showed that the provider monitored quality and performance regularly.

Good



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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 2 & 26 June 2015. The inspection was carried out by two inspectors, accompanied by two observers who were both shadowing this inspection as a part of their staff induction into CQC 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. The expert had experience of community care services.

Before the inspection we reviewed the information we held about the service, which included notifications of significant events made to the Care Quality Commission.

We spoke with nine people who used the service and one relative. We observed staff interactions during the two days we visited. We also interviewed the registered manager and two staff.

We reviewed six people's care plans, looked at their risk assessments and communication records.

We looked at the training and supervision records for the entire staff team. As no new staff had been appointed since our previous inspection we did not look at staff recruitment records on this occasion. We gathered evidence of people's experiences of the service by conversations we had with them, their relatives and by reviewing other communication that staff had with people, their families and other care professionals.

We also reviewed other records such as complaints information and quality monitoring and audit information.

Is the service safe?

Our findings

People we spoke with told us “yes, I feel safe here, they are nice staff”, and “I did have a problem here some time ago with somebody coming round and knocking on the door and coming in, but now I lock my door every night and it’s OK now, I feel very safe”. Another person told us, “Yes, I’m very independent here, I really do as I like, but I do tell the staff when I go out so that they know.”

They went on to say, “I have some friends here and have no problem at all with the staff. If I had a problem, I’d go straight to the manager.”

Everyone lived in their own individual flat with their own bathroom and kitchen. There were communal areas where people could meet to socialise with other people living at the service if they wished to. People had their own key to their flat and were encouraged to keep their door locked. There was a main entrance door to the building which people each had a key to and this area was covered by CCTV and an entry phone system to monitor visitors to the building and ensure people’s safety.

We saw that there was an up to date safeguarding policy and flow chart with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff described what they would do if they thought someone was at risk of abuse and how they would raise any concerns.

At our previous inspection we found that the service followed safe recruitment procedures to ensure staff were not employed unless they were suitable to work with people. For example, relevant pre-employment checks had been carried out which included references from two previous employers and a criminal records check. No new staff had been employed since our previous inspection so we did not re-examine this area at this inspection.

People using the service thought there were enough staff. Staff rotas were prepared in advance by the registered manager. We looked at the staff rota and saw that all shifts were covered with little or no use of temporary staff being required. The service had five staff working on each daily shift and two staff at night. Staff tasks with specific people were scheduled on a shift planner which each member of staff carried with them during their shift. There was enough flexibility in the staffing level to allow more than one member of staff to provide assistance to people when this was required and to respond in case of anyone activating the emergency alarm call system.

We found, and staff and people using the service told us, that this was a suitable number of staff to carry out daily care and support tasks and to respond to emergencies if these arose.

Risk assessments were carried out to ensure people were safe in their own flat, the communal areas of the building and when out in the community. Risk covered a broad range of common areas as well as those that may be specifically relevant for individuals, including falls, use of medicines, support with eating and drinking and community safety. Risk assessments were reviewed and those which we viewed were up to date.

Staff were trained in safe and correct medicines management and this was up to date. Staff told us if they had any concerns about medicines they would call the person’s GP, pharmacist or the emergency services. The service also had an out of hours line that staff told us was used to seek advice if they believed a medicine error had been made. One concern we raised on the first day of our inspection was about regular checks to ensure that medicine administration charts had been signed. Subsequently the registered manager placed this on the senior staff handover checklist for each shift to ensure that this was verified at each shift handover, which it was.

Is the service effective?

Our findings

The service helped people live their lives the way they wanted. One person said to us, “the staff come in and walk around with their little pads writing things down and getting to know us.” The person also told us their teeth were loose, but the registered manager had already made an appointment to see a dentist.

We spoke with someone, and their relative, who had been using the service for a few weeks. They both told us they were very pleased with the way that they had been welcomed into the service. They also told us that the registered manager had been “most helpful” and a local doctor had already been in to see them. Their relative showed us a large pack of information they were reading through that the registered manager had given to them when they first started using the service and had moved into their flat.

Another person told us, “I’m a vegetarian and I go out and buy my own food, I bring it back and I cook it, the staff then help to serve me with my lunch.”

We saw that someone came back to the service having been out with their social worker. The social worker was giving the staff information about how the trip had gone and what had been done, with the person present. We saw that this was a good exchange of information about how the person was feeling and how their needs were being met.

At our previous inspection we had found that staff were not fully aware of the implications of the Mental Capacity Act 2005 (MCA) or when to apply it in relation to a person’s liberty. We found that this had improved, further staff training had taken place and in our conversations with staff we found that they were able to demonstrate awareness of deprivation of liberty and how this related to their day to day work.

No new staff had started working at the service since our previous inspection. At our previous inspection we had found that the staff completed a four day classroom induction before they commenced work and were given an induction pack and staff handbook. The induction included reading policies and procedures and mandatory training such as health and safety, food hygiene, moving and handling and safeguarding. We will look at this area again at our next inspection.

At this inspection staff told us they received supervision every three months and an annual appraisal with the registered manager and records confirmed this. This showed that the provider continued to support staff to ensure that they had the skills and knowledge to carry out their role.

Staff had relevant experience and some staff had vocational qualifications in health and social care. Specialist training in dementia care was provided to all of the staff team. We reviewed the staff training matrix and staff training was up to date.

Two staff we spoke with said they were able to give the care that people required as they communicated with other staff on any changes in people’s needs. We found that these changes had been updated in people’s support plans. They also worked closely with people so they could share their views and be involved in their care and we found that consent to care was obtained on the selection of six care records that we viewed.

Where staff provided support to people with preparing their meals we found that this was managed effectively. People were supported to have enough to eat and drink throughout the day and, as it was a warm day when we visited, we found that staff had been reminded to ensure they checked that people were having enough to drink.

The service provided a weekly Sunday lunch which we were told was very popular and well attended. Adjacent to the large communal lounge was a large kitchen. Although people had a kitchen in their own flats they were welcome to cook in the large kitchen or heat up meals, make tea or socialise in there if they wished to.

Everybody at the service was registered with a GP and staff supported people who were unable to attend the surgery themselves or arrange home visits. Details of people’s appointments were documented on their files for reference and we saw examples of where people had been assisted to make medical appointments and seek advice. The staff we spoke with were able to provide examples of action they had taken and at the staff handover we found that a change to someone’s healthcare situation earlier in the day was discussed.

Is the service caring?

Our findings

People were overwhelmingly positive about the service and their experience of care and support from staff. One person said, "I'm very happy here, the staff keep a keen watch on me when I go out in the morning, they ask me where I'm going. It's really good here I am quite happy and quite comfortable." Another person told us, "Staff take me out three times a week, and I hope to go to the cinema this afternoon." They went on to say, "If you need to see the doctor, he comes in every week, and I get my hair done here every week, I can get out by bus and see my sister every week."

We found generally from our observations and what people told us that positive relationships were formed between staff and people using the service as staff interacted with people and got to know their likes and dislikes. However, during the first day of our inspection we observed an interaction between a staff member and a person using the service which we thought could have been handled more appropriately. The person seemed to be being rushed to get into a taxi by a member of staff who appeared quite impatient. The registered manager then intervened and handled the situation appropriately. We spoke with the staff member later in the day and asked about what we had seen. The member of staff was upset that they had appeared to have been impatient and spoke about how much they liked the people they worked with and did not want to appear in this way.

We recommend that further discussions be had with staff to increase their awareness of how their interactions with people and use of language and tone, even if unintentional, could be seen negatively by people using the service and others.

The service did not have a dedicated activities co-ordinator but did provide activities and events that people could join in with if they wished. There was a large communal lounge

with piano, television and comfortable seating. We asked the registered manager if people used the lounge, she replied that they do as and when they want to. The room was also used for things like birthday parties and events. We saw that balloons and a banner had been hung the previous day for someone's birthday party. We did not see anyone using this lounge during our visit but people were using the smaller lounge near the entrance. The registered manager told us that people often preferred sitting there as they could see what was happening as more people passed through that area during the day.

We saw the hairdressing and treatment room with massage couch and hairdressing equipment. The hairdresser visited each Monday but people could also book for a Saturday appointment if they preferred.

People's privacy and dignity was respected and maintained. Staff explained the way they worked with people and focused on people's needs being individual and that their role was to respect individuality and independence.

The service had a dignity charter which provided guidance to staff to ensure people were treated as individuals. The aim of the charter, which we viewed, was to empower people using the service and to be supported and encouraged to make their own choices.

There was a guest room with two single beds that was available for use by visiting family members or family and friends and was particularly used by relatives visiting people at the end of their life.

The registered manager said people's wishes were respected at the end of their life and went into great detail about the steps that were taken to uphold this principle.

The provider continued to have effective links with the end of life team and district nurses which ensured staff had the support and training to provide effective end of life care to people.

Is the service responsive?

Our findings

One person told us, “Staff come in and clean my flat, I’m OK with everything here.” Another person who needed a lot of support from staff told us, “The staff are careful with me, yes they are ok.” They went on to show us the alarm call device that they used if they needed urgent help and said “the staff are quick to come if I need them”.

The six care plans we looked at showed that everyone had a care plan and/or assessment from the placing local authority which was used to inform the service of people’s care and support needs. There was the pre-admission information, background information, support plan, various correspondences including medical, medicines recording sheets and records of key-working sessions were also included. People also signed a consent form regarding data protection and medicines management. There was personalised information about each person and clear instructions about the tasks staff had to complete on each visit.

The registered manager told us that regular reviews took place every six months. Where changes in people’s needs were identified we saw that their care plans were updated

sooner and relevant professionals were also contacted for further advice as and when needed. For example, we found that mental capacity assessments had been requested when someone’s ability to keep themselves safe and to make decisions had caused concern.

Staff we spoke with, and what we observed during a staff handover, showed that they knew people’s individual needs and were able to give examples of people’s preferences. The handover we observed made reference to everyone using the service at the time and although brief, gave enough information to inform staff about what support was required.

People were given support to make complaints and we also saw that staff received a number of compliments and thank you cards from relatives. People were given information on how to make a complaint which had the name of the registered manager as well as external contacts. No one we spoke with gave any indication of having complaints about the service and felt they could raise concerns if they arose. Any complaints that had been raised had been responded to quickly and resolved appropriately.

Is the service well-led?

Our findings

A person using the service told us, “I think the manager is a fantastic lady, and she comes in to see me, she’s very nice.” All of the 10 people we spoke with were of a similar view, thinking there was open and good communication with the registered manager and staff at the service. Our overall impression was that the registered manager was very hands on and known to everyone using the service.

A registered manager was in post and they were visible to all who lived at the service and staff. The registered manager was supported by three senior members of staff and a deputy team leader. We observed an open door policy where people at the service could speak to the registered manager at any time. When people did come to see the registered manager there was immediate response and focus on what people wanted and how that could be achieved.

Staff told us they felt well supported by the registered manager and listened to. One member of staff said they were “100% happy” with the registered manager. Another member of staff told us that they had felt much supported by the registered manager at a difficult time and felt that had helped a great deal.

Staff had confidence that their concerns and information about people’s needs would be listened to. We saw that staff contributed to how the service was run, through

regular staff team meetings and twice daily handover meetings. The staff we spoke with knew what was expected from them in their role and who to approach if they had any questions.

There were systems in place to monitor the service. For example, the registered manager and other members of the management team carried out audits across a range of areas. These included medicines, care plans, staff performance and day to day operation of the service.

The provider was in the process of publishing their latest service survey report although we did look at 12 examples of feedback from a survey of people using the service in April 2015. Twelve people had responded and their views, apart from one, showed that people were either usually or always satisfied, not least about how the service cared for and supported them.

Relationships with outside agencies and stakeholders continued to be well managed. As the result of concerns that had been raised earlier in 2015, almost all of which were unfounded, we reviewed action taken to examine the concerns and to respond. We found that a comprehensive audit had been carried out and the provider had been open and transparent in looking at the service performance and identifying areas for improvement, whether these were as a result of the initial concerns or as a result of an in depth look at the service. Feedback from external stakeholders about the management of the service confirmed that this process had been undertaken to their satisfaction.