

One Housing Group Limited

Protheroe House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Protheroe House is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single households in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

Protheroe House provides rented accommodation in 40 flats in one building. There was a dining area with bar, garden, hair salon, café, facility to store and charge mobility scooters and cinema room. The service also had ten flats which were used for reablement purposes. People who were recovering from illness or injury could stay for six weeks and have support with personal care, plus other services based in the building such as occupational therapy and physiotherapy. Where a person was not able to return to living independently, they could choose to move in permanently. At the time of our inspection, there were 25 people receiving personal care.

People's experience of using this service and what we found

People told us they felt safe with the staff. People were supported by enough and suitable staff who knew how to keep them safe from the risk of harm and abuse. People were supported safely with medicines. People were protected from the risk of infection. People's accidents and incidents were recorded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's healthcare associated risks were identified and assessed. Risk assessments included mitigating factors to ensure safe care. People's needs were assessed before they received a service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

People told us staff were caring and treated them with respect and dignity. People were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, and person centred. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people knew how to make a complaint.

People and staff told us the management of the service were supportive. Staff told us they felt well supported by the registered manager. The service had quality assurance processes in place. The service

worked well with other organisations to improve people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (Report published on 14 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Protheroe House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors 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.

Service and service type

This service provides care 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 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service and one relative. We spoke with seven members of staff including the registered manager, the general manager, the head of senior living, a care coordinator, the activities coordinator and two care workers. We reviewed four people's care records, five medicine records, six staff personnel files, staff training documents, and other records about the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us various documents we requested during the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we made a recommendation regarding medicines. The provider had appropriate systems in place to ensure the safe management of medicines. People told us they received medicines on time and in a safe manner. One person told us, "Staff write down what medication you have, and they give it to you. They also ask me if I want paracetamol if my legs hurt, they don't force it on you, just ask if you want it." Another person commented, "I take three tablets and the [staff member] insists on doing it, to make sure you take it."
- Following the last inspection of this service and a visit by the local commissioning team, the managers of Protheroe House developed an improvement plan for the management of medicines. Analysis of records had identified an issue with the correct recording of administration codes as well as gaps in the administration of medicines on the Medication Administration Records (MAR). As a result of the medicine system improvements, records of audits showed this had resulted in less gaps and errors in recording.
- Medicines were audited on a regular basis to ensure that any errors were identified and address in good time. One staff member told us, "[The registered manager] does checks all the time. She doesn't miss anything when it comes to medication. She checks all the time."
- We saw suitable records in relation to the receipt and disposal of medicines at the service. People who used the service had a lockable cupboard in their flat to store their medicines safely.
- We saw suitable records to confirm people received their medicines as prescribed including PRN medicines (as required). However, we noted that the MAR did not give staff space to records the administration of all individual medicines that they were giving to people. We discussed this with the registered manager as the administration of medicines were not in line with the latest national guidance. The registered manager immediately updated people's charts and told us that they would instruct the chemist to provide a more detailed chart for the next medicine delivery.
- Staff had received medicine training and had undertaken an observed competency check, by the management, to make sure they understood the practical issues of medicine administration. A staff member told us, "I had medicines training, it was last year in October. Care Coordinators will check the MAR charts. They do medicine competency assessments every two to three months."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People told us they felt the service was safe. One person said, "I feel safe with the [staff]." Another person told us, "I feel safe. I can open [my] windows during the day, and at night the [staff] locks them."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "If I suspect abuse, I would speak to the manager about it. If I speak to the manager and she did nothing there is someone to speak to like CQC. There is also a [local authority] safeguarding team." Another

staff member told us, "I would report it firstly to management. I could call head office. I can call CQC."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as physical health, skin integrity, equipment, allergies, mental health, behaviours that challenge, mobility, falls, moving and handling, medicines, capacity, neglect, social isolation and finances.
- Staff knew about people's individual risks in detail such as mobility and behaviours that challenged. One staff member said, "Usually if someone deteriorates the [registered manager] would talk to the doctor. [The registered manager] would do a risk assessment."

Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a recruitment process and checks were in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.
- The service made appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were recorded on application forms.
- People told us there were enough staff available to support them and meet their care needs. One person said, "[Staff] have enough time, never rushed." Another person told us, "[Staff] don't rush me."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were on sick and annual leave. One staff member told us, "At the moment enough staff. If someone calls sick early enough, we speak to [registered manager] or care coordinator and would find cover for us. Sometimes they call permanent and bank staff."

Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection. One person told us, "[Staff] put on an apron if they bath me."
- The service had infection control policies in place including an information sheets on the coronavirus. Staff had received training in infection control.
- Staff were clear on their responsibilities with regards to infection prevention and control, and this contributed to keeping people safe.

Learning lessons when things go wrong

- Staff had completed training in health and safety, fire safety and first aid and were aware of their responsibilities and knew how to raise concerns and record safety incidents and near misses.
- We saw that accidents or incidents were recorded, and included the action taken after each incident or accident. Records were analysed every quarter by the management team to ensure that any patterns or themes could be identified. An action plan was then developed to reduce any further occurrence. Discussions took place in staff meetings and handovers to share any learning.
- The registered manager gave us examples of how they had learnt from past incidents and accidents and what action they had taken to reduce the likelihood of the same problems being repeated. This information was shared with staff in meetings and supervision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information was available in the office and in people's home to guide staff.
- The service carried out an initial assessment of people's needs before the service began. Records demonstrated people who used the service and their relatives were involved in this process.
- People told us staff knew their needs and provided individualised care. One person said, "[Staff] are good at their job. They are friendly and that makes it easier for them and for us."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. Records showed staff had completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Staff told us training was offered on a regular basis. Records confirmed this. One staff member said, "The training is good. It tells you a lot. They explain everything so it is simple. They show you practical [examples] as well like moving and handling." Another staff member told us, "The training is effective because take us through everything we need to know. We have a training room upstairs."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. One staff member said, "Supervision is making sure if I am fine with everything and if I have any problems." The service completed annual appraisals with staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their meals when needed. People told us staff supported them with their meals when required. People who had support told us staff offered them choice and gave them the food and drink they wanted. One person said, "In the morning [staff] shower me, make tea and breakfast and don't rush me." Another person told us, "[Staff] make me lunch. They make me sandwiches."
- People ate their lunch time meal in a communal dining room. The meal was part of the service at Protheroe House and people paid for it as part of their housing agreement. The meals were ordered in advance from a catering company and heated up in the service kitchen.
- Care plan's recorded people's dietary needs and food likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies and health professionals to ensure people received effective care.

- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. One person told us, "Once I fell and had to press the [call button] and [staff] came quickly, [and] took me to the hospital."
- People's care records showed relevant health care professionals were involved with their care, when needed.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There were systems in place to assess people's mental capacity to consent to care. People told us staff asked for their permission before providing support. One person said, "[Staff] ask me first when they bath me."
- The registered manager and staff had a good understanding of MCA.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One staff member said, "I ask [people] if they are happy for me to help me." Another staff member commented, "As soon as you go into [person's home] you tell them what you are there for and get their agreement. We do get their consent and permission."
- People's care records included their capacity to make their own decisions and any support they needed in these areas.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service has staff that supported and treated people with kindness. People told us staff were caring. One person said, "[Staff] care for me. [One staff member] combs my hair. They treat me good, we chat and laugh." Another person said, "I am very pleased with [staff]. All of them."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "[People who used the service] are very nice. I have a good relationship with them. I help them with anything they want. We will sit and talk with them." Another staff member told us, "I interact with [people] like they are family."
- Discussions with the staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The service had staff who were LGBT champions. LGBT champions create a safe, inclusive and diverse working environment that encourages respect and equality for all and a space that values and recognises the differences between sexual orientation and gender identity and works proactively to address these. During the inspection we saw LGBT champions who displayed a rainbow badge on their uniform. A staff member said, "This is a place where we don't discriminate. We treat you like everyone else. We let you be what you want. I am a LGBT champion."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen documented people's preferences and information about their backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. One person said, "I have a care plan."

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. People told us their privacy and dignity was respected. One person said, "Not a problem with being treated with dignity [from staff]."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "When we go into do personal care I ask [people] first if they want the door shut." Another staff member said, "First of all you ring the door bell and don't go in until [people] tell us. If a [person] needs personal care, we would close the curtains and close the door."

- Staff told us they maintained people's independence and people were asked about what they were able to do. One staff member said, "We let [people] do as much as they can for themselves. Get them to make their tea. With personal care we let them do as much as they can."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences. For example, one care plan stated, "I like a shower every other day and have a strip wash the other days."
- After each care visit staff completed daily notes to record the support provided and capture any changes in people's needs. Records confirmed this.
- The service was flexible and responded to people's needs. People and their relatives told us about how well the service responded if they needed additional help or changes to their visits. One person told us, "If [staff] see I need more care they do it, like I might need two [staff] if they think I might fall."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in a personalised manner, in line with their needs and preferences.
- Records showed people's communication needs had been assessed and were known to staff. For example, one care plan stated, "I am able to communicate my needs and wishes. I might have difficulties due to me having a stroke so it might be difficult for me pronouncing some words but please spend time to listen to me."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had their own private accommodation within a shared scheme. There were communal areas they could access to socialise with other people living at the scheme. As well as personal care and support they could join in an activity programme that took place in the service, watch movies in the cinema room, and use the café which was also open to members of the public.
- The service had an activities coordinator available. Activities were provided through the housing contract for the service. We observed during the inspection people playing a game in the communal area.
- People were supported to attend activities in the community.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place to record and investigate complaints.
- People knew how to make a complaint. People felt comfortable to speak to the staff about any concerns. One person said, "I complained when my [relative] was [specific incident] and it stopped. Staff took it seriously." Another person told us, "If I had a complaint, I would go the office and tell them. They listen to you, and they do what you want."
- Records showed complaints were resolved as per the policy.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with their end of life wishes and palliative care needs. One staff member told us, "The families, social worker, palliative care team would be brought in."
- The registered manager told us the service was not supporting anybody who was reaching the end of their life at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- People told us they liked the service and felt the management was approachable. One person said, "I am part of a community. Nothing I want to see changed." Another person told us, "[General manager] is the manager, also [registered manager]. [General manager] is lovely and helps us a lot."
- Staff told us they felt supported by the registered manager. One staff member told us, "You can talk to [registered manager]." Another staff member said, "[Registered manager] is a nice person. She is approachable and hard working. She is someone if you have a problem you can go to. She is caring."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements and performance. Spots checks on staff were completed and helped to monitor their performance.
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions. One staff member told us, "Some staff will voice their opinion. If there is a problem, managers will look into it."
- People and their relatives were asked for their views of the service through an annual survey. The results

from the most recent survey had been positive.

- The service worked in partnership with the local authority, health and social care professionals and commissioners.
- Senior managers kept up to date with developments in practice through working with local health and social care professionals and by attending relevant training.