Housing & Care 21

Housing & Care 21 Osmund Court

Inspection report

Osmund Court
Rowan Drive
Billingshurst
West Sussex
RH14 9BF

Date of inspection visit:
15 June 2017

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13 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 June 2017 and was announced.

Housing & Care 21 Osmund Court is an extra care domiciliary service consisting of 41 individual apartments within the building located in Billingshurst, West Sussex. People either owned or rented the apartments which were managed by another provider/landlord. The registered office is in the same building. Care staff provide people with a range of services including personal care, medicines management, shopping and cleaning services. At the time of our inspection, 32 people were receiving care and support from the provider.

At the time of our inspection there was a new manager in post who was in the process of applying to be the 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.

People felt safe living at Osmund Court. Staff understood how to keep people safe and how to recognise the signs of potential abuse that people might experience. Staff had been trained in safeguarding adults at risk. They knew what action to take if they had any concerns about people's welfare, including informing outside agencies such as the local authority West Sussex safeguarding adult's team.

Risks to people were identified, assessed and managed appropriately. Care plans provided staff with guidance on how to support people and mitigate risks. Staffing levels were assessed based on people's assessed needs and care plans. People and staff felt there were sufficient staff on duty, both day and night. Safe recruitment practices were in place. Medicines were managed safely.

People were supported by staff who were trained and knowledgeable about people's their needs. New staff completed the Care Certificate, a universally recognised qualification. Staff were encouraged to study for additional qualifications such as diplomas in health and social care. Staff had regular supervision meetings with their line managers and attended team meetings. Some people were provided support around meal times in their own homes whilst others were independent and catered for themselves or accessed catering arranged by the housing provider. Staff had been trained in mental capacity and worked within the principles of the Mental Capacity Act 2005. People had access to a range of healthcare professionals and services.

People were cared for by kind and caring staff and spoke positively of the relationships that had developed. People were encouraged to be involved in all aspects of their care and to express their views. They were treated with dignity and respect by the staff team.

Care plans contained personalised information about people that was responsive to their needs.

Information included people's personal histories, likes, dislikes and preferences. Staff confirmed when they had read people's care plans to show they understood how to support people in line with their assessed needs. Activities were organised in communal rooms at the service and optional for people to join in with. Complaints were managed in line with the provider's policy.

People were involved in all aspects of the service and their feedback was sought through completion of an annual survey, the last one of which was from 2016. Responses were positive.

Staff felt supported by management and were asked for their views on their employment through an annual survey. The manager valued the work of the care staff and operated an 'open-door' policy. People spoke of the good quality care they received and of the caring staff. A range of systems were in place to measure and monitor the care delivered and the service overall effectively.

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 trained to recognise the signs of potential abuse and knew what action to take. People felt safe living at Osmund Court.

Risks to people were identified, assessed and managed appropriately. Guidance in care plans was available to staff on how to mitigate risks.

Staffing levels were sufficient to meet people's needs and safe recruitment practices were in place. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had completed training in a range of areas which supported them to care for people effectively. They had regular supervision meetings and attended staff meetings.

The registered provider was working within the principles of the Mental Capacity Act 2005.

Some people received support with mealtimes. People had access to a range of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

Positive, caring relationships had been developed between people and staff.

People were encouraged to express their views and to be involved in decisions relating to their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans provided care staff with detailed information about people and their support needs.

People were supported to access activities outside of their home if they so wished.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People were asked for their views about the service and responses were positive.

Staff felt supported by management and worked in accordance with their role and responsibilities. The manager used a 'hands-on' approach'.

A range of systems was in place to measure and monitor the care delivered and the service overall.

Housing & Care 21 Osmund 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 15 June 2017 and it was announced. 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 inspection was carried out by 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 care service. This expert-by-experience had experience of dementia care, domiciliary services and other care environments.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with people who received personal care from the service. We

chatted with ten people in their homes, two relatives and one visitor. We spoke with the manager, the operations manager who provided line management support for the manager and a senior operations carer who was also supporting the new manager. We also spoke with three care staff separately.

This is the first inspection since the service was taken over by a new provider.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe receiving personal care from the service. One person said, "Yes I do feel safe here". Another person told us, "I have felt perfectly safe here" they added, "I do feel I could have a moan about safety if needed". A third person told us, "I feel absolutely safe. I'm very happy here". A fourth person said, "I feel safe as anything and I've no reason to feel otherwise". A relative told us, "I'm confident about [named person's] safety in the main".

Staff had been trained to recognise the signs of potential abuse. They could name different types of abuse and knew what action to take if they had any concerns about people's welfare and understood the provider's whistleblowing policy. One new member of staff told us they would, "Record it and report it" if they saw anything which concerned them. Staff could name who they would report concerns to one staff member said, "If the manger wasn't here I would talk to senior carers or the area manager". Another staff member said, "Document anything different and report it to the manager". Records confirmed accidents and incidents were recorded and reported appropriately by staff and reported to outside agencies such as the local authority safeguarding team and the Care Quality Commission when necessary.

Risks to people were managed so they were protected and their freedom was supported and respected. People's risks had been identified and assessed appropriately. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risk assessments provided guidance to staff on how to support people safely. We looked at risk assessments within people's care records. Risk assessments were in place for areas such as skin integrity, falls and moving and handling, medication, showering/washing, nutrition, hydration, Each risk assessment highlighted the task, the assistance needed, any personal risk factors, equipment required and hoist information. For example, one person required the support of staff members to move them safely and the risk assessment clearly defined how this should be achieved. Risk assessments were reviewed annually, or sooner if the need arose, the records we read had been reviewed in March or April 2017.

Staffing levels were assessed based on people's care and support needs. At the time of our inspection six care staff were on duty in the morning, three in the afternoon. This increased again in the early evening depending on the needs of people. At night, one member of care staff was on
waking night duty between 10pm and 7am. We looked at staffing rotas and these confirmed the number of staff on duty were consistent at these times. The manager and senior would also be available for people throughout the week and 'on call' and could be contacted by staff easily if additional support was required. People and their relatives told us there were sufficient staff on duty at any one time to meet their needs. One person said, "Two months ago I fell and the carers came quickly." Another person said, "The staff are reliable, they turn up when you expect them". Another person told us, "Mostly there are enough staff". Our observations during the inspection confirmed there were sufficient staff to meet people's needs safely and in a timely manner. One staff member said, "Everybody gets their care calls and the [named manager] will cover a shift if a staff member calls in sick". Another staff member said, "People get care at the right time". Staff and people explained how people used their personal alarms to alert them to any emergency

situations.

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

People had various needs regarding the level of support required with their medicines. For example, some people required a minimal prompt to check they had taken them from the staff on duty. Care records provided detailed guidance on how people wished to receive their medicines. This included any associated risks and how they could be minimised to guide staff on how to administer medicines safely to them. We checked Medication Administration Records (MAR) relating to three people and they showed how medicines had been administered as prescribed. Staff records contained details of medicine administration training provided to staff and routine checks carried out to ensure staff were competent with this task. People's medicines were stored in their own apartments and staff would make a care call to support them with taking them at various times throughout the day. We observed a staff member administer medicines to one person in their own apartment and they did so sensitively and confidently. They asked the person, "Do you want squash or fizzy with your tablets?" the person replied, "Fizzy please". The staff member also checked whether they wanted any pain relief, the person declined. We observed the staff member sign the person's MAR to reflect they had declined the pain relief on that occasion.

People we spoke with seemed comfortable with support in this area. One person said, "Yes, I get my medication regularly". Another person said, "Medication is received four times a day and regularly on time". They added, "They (staff) watch me take my tablets". A third person was happy with their care yet told us, "I have Parkinson's and my 4pm tablet can be a bit late sometimes". We shared this with the manager for their review.

Many people managed their own medicines. One person said, "My medication is delivered once a week and I self-medicate". Another person told us, "I self-medicate". Prior to going into hospital one person managed their own medicines. However, since their return from hospital their needs had changed and staff now managed their medicines including their insulin as they were diabetic. We noted that their care plan and associated risk assessments had yet to be updated to reflect this and brought this to the attention of the manager. The manager explained this had been an oversight and sent us a copy of the revised medicine management plan shortly after our inspection. They told us they had met with the person concerned to check they remained happy with how they were supported by staff with their medicines and that they consented to the revised document.

Good

Is the service effective?

Our findings

People received care from a staff team who received routine training and support opportunities from the provider. This influenced how effective the staff team could be when supporting people in their own homes. One person told us, "They (staff) are all well trained". Another person said, "The staff seem very skilled, they know what they are doing". A third person said, "Staff are very well trained". People told us they appreciated how the staff team communicated with them one person said, "They do communicate about my care with me". New staff were provided with a thorough induction at the start of their employment and further opportunities to shadow more experienced staff until they felt comfortable to work alone. In addition to the service induction, new staff completed the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. One person said, "The new staff are good now. They had training and shadowed someone".

Staff had been trained in a range of areas to meet people's assessed needs, preferences and choices. Each member of staff had an individual training plan and received reminders when their training needed to be renewed or refreshed. The majority of training was delivered via e-learning, although some training was on a face-to-face basis, for example, first aid, health and safety and moving and handling. Staff completed training in moving and handling, mental health, life support, diabetes, fire, dementia, infection control, medication, mental capacity, nutrition, safeguarding and basic first aid. Additional training was also available on topics such as pressure sore awareness and lone working.

Staff were also encouraged to study for vocational qualifications such as diplomas in health and social care. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. At the time of our inspection eight staff out of 18 staff including the manager had completed, or were completing, a health and social care diploma. Staff were also provided with continuous support by their line manager through a supervision and appraisal process. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Staff told us they received regular supervisions and records confirmed this. Work related actions were agreed within supervisions and discussed at the next meeting. Staff meetings provided opportunities for staff to meet together to discuss issues relating to the operation of the service. The last staff meeting held was in April 2017 and 14 staff attended. Minutes were also made available for all staff who did not attend. The meeting focused on topics such as equality and diversity and a reminder to the staff team to use black pen only to record in MARs when administering medicines to people. Supervisions and staff meetings determined how additional support could be provided to staff to improve the quality of care provided to people. Staff told us they valued the support they received. A new staff member said, "I love the job. Staff are all lovely and we are supported well. Training is great it is a learning process everyday". Spot checks were also carried out routinely by line managers to ensure staff were carrying out their role and responsibilities safely and using a caring approach.

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. Staff had completed training on mental capacity and understood the importance of gaining people's consent. Staff could describe the main key principles of the MCA and relate that to how they supported people daily. A new staff member told us how important it was to support people with their decision making even if their decision was "Unwise as it was their choice". Another staff member said, "It is about supporting and empowering somebody to make decisions for themselves".

Some people were provided support around meal times in their own homes whilst others were independent and catered for themselves or accessed catering arranged by the housing provider. We received positive comments from people who were satisfied with the approach used by the service. One person told us, "The staff get breakfast for me and I have lunch in the dining room". Another person said, "They (staff) do my tea in the evenings and I do my own breakfast". We were unable to observe people with support around mealtimes in their own homes. However, we observed staff offered choice on snacks and drinks in between meals whilst they were on care visits. People had access to a restaurant within the building and lunchtime meals were included for some as part of their housing agreement with the housing association. Catering arrangements managed by the housing provider are outside the remit of this inspection.

People were supported to maintain good health and had access to healthcare professionals and services. This included district nurses, chiropodists and occupational therapists. One person told us that staff would support them to attend healthcare appointments. Another person said, "If we were unwell they would get the GP in no question". A third person said, "I can see the GP if needed". On the day of our inspection the GP met with the manager to discuss the clinical support for one person using their service. We were told a GP visited weekly to discuss people's medical needs. A staff member told us how a district nurse visited one person regularly regarding a wound dressing. On one occasion the staff member had noticed the dressing needed changing so the district nurse was contacted and came in earlier than planned. People's healthcare appointments were logged in their care plans together with any action required by care staff.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff had a caring approach and were patient and kind. Staff smiled with people and looked approachable; their interactions were warm and personal. We observed numerous occasions whereby staff checked in with people to ensure they were comfortable and if they needed anything outside of their care visits. Staff identified they were in people's own homes and were therefore sensitive with regard to people's property. Staff used the appropriate tone and pitch of voice and crouched down to a person's eye level when they were talking to them and providing personal care. One person said, "Any carer can come and give me care and they all know you". They added, "The staff are brilliant caring and attentive". Another person said, "Staff are extremely kind to me. I love them all". A third person said, "Staff are sensitive about me and my care". One staff member who told us it was their first job in health and social care said, "We have a good team here, we have a good rapport with residents, we get to know them".

People were encouraged to be as independent as possible. This included choosing what clothes they wore, what they ate and drank and where they wanted to spend their time within their own home or in a communal area. One person said, "I do feel supported to be as independent as I can be". Another person said, "We do think we are encouraged to be as independent as we can be". Staff described how they encouraged people to get involved and make decisions about their daily care. One staff member told us, "I will always ask them. I do not assume they want me to wash their body". They added, "Don't just go ahead and do it for them because it is easier for you".
Another staff member told us about a person they supported who had limited mobility, they said, "We really encourage [named person], encouragement all the time".

Numerous people told us how they were encouraged to be actively involved in making decisions about their own care and felt the staff team communicated with them well. One person said, "I do feel involved in the planning of my care and I can make choices for myself". Another person who explained they were happy with the service, described an incident where they felt they waited longer than necessary for staff to arrive and said, "I do feel staff encourage us to say something and I am able to express my concerns". Staff also spoke about the importance of confidentiality and not sharing information about people with those who were not permitted to know such as people living in other apartments.

We observed people were treated with dignity and respect and had the privacy they needed. Staff knocked on the front doors of people's apartments before entering and introduced themselves as they walked in. They sought consent prior to delivering care and spoke to people about what they were about to do and included them when a decision was needed. When asked if staff treated them with dignity and respect one person said, "They (staff) are first class at dignity" They added, "The care here is wonderful". Another person said, "The care delivery is very smooth". They added, "I never feel rushed, they do spend time with me". A third person said, "Staff are marvellous, very caring".

The manager was new to the management post yet had been working at the service for many years, they knew people well and displayed a caring approach which was filtered down through the service. We

observed the manager paused on the task they were undertaking when a person using the service required their assistance throughout our inspection. We have discussed more about the management approach observed in the Well-led section of this report.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person said, "The staff do know me and know what I need". Another person said, "I am happy with my routine, no changes are needed".

Care plans provided detailed information about people in a person-centred way. The essence of being person-centred is that it is individual to, and owned by, the person being supported. A person-centred approach to care focuses on the person's personal needs, wants, desires and goals so they become central to the care process. People's needs take priority. For example, one person's care plan included, 'I would like to be called [preferred name] and it also spoke about their employment history. The care plan continued to describe where the person lived when they were working which was in various different countries. There was detailed guidance provided to staff on how the person's care needs should be met. This included, 'I need to be wheeled using my manual wheelchair'. The care plan described how the person, at times, struggled with their mental health and how this would manifest. The step by step guidance provided staff with details on how to support the person sensitively and safely. It also provided information on how they liked to spend their day now, this included watching television. Records read provided details of care plans being reviewed annually or sooner if needed. Most people we spoke with were aware of their care plan yet not all were able to tell us if they had attended a care plan review however all felt they were involved in their own care.

People told us their needs were met and they had opportunities to get involved with their care and how the service met their needs. One person said, "We do have resident meetings when you can raise concerns and they do try and solve issues". Some people were able to comment on their involvement with the planning of their own care and provide examples of how the staff team had responded to their needs. One person said, "I was involved in the making of my care plan". Another person said, "Staff do listen and sort matters out". If I can't do something, there is always someone to help". A third person said, "They treat me here to suit what I need". A fourth person told us, "We do get what care we need".

Daily records in people's apartments were completed about people by staff at the end of their visit. They included information on how a person presented during the visit, what kind of mood they were in and any other health monitoring information. Changes to people's needs were highlighted through various methods including reviews, spot check visits and speaking to people and families direct. Information shared at handover meetings and written in daily records meant staff were prepared and able to respond to people's current needs and amend their practice accordingly.

Residents had access to activities within the communal areas of the service. These were advertised on boards in the foyer to the service. On the day of our inspection a visiting relative was facilitating an entertainment quiz and several people were attending. Our inspection focused on the personal care provided to people using the service, yet it was clear there were opportunities for people to attend and get involved in activities outside of their own home to avoid social isolation. One resident said, "I like most activities and I don't go to what I don't want to". Another person said, "There is plenty for me to do here".

Complaints were managed satisfactorily in line with the provider's policy which stated that complaints

would be acknowledged within two working days and responded to within 15 working days. The last complaint recorded was in March 2017 regarding a medicines query, this was now closed. There were no formal open complaints at the time of our inspection. One person said, "I would be happy raising a concern or complaint but I've nothing to grumble about". Another person said, "I would complain if I needed". A third person told us, "No I've not complained but I will speak up and say something if needed". During our inspection one person shared their concerns about a particular incident when they had a fall and felt the staff's response to this could have been improved. They also told us staff had not achieved first aid training. Staff training records we read provided details that all staff had been provided and completed first aid training. We shared this with the manager who told us they would speak with the person and could provide answers regarding the incident. The manager also told us and wrote to us after our inspection to share they had updated the concerns and complaints policy and would be ensuring all staff were aware of this.

Good

Is the service well-led?

Our findings

People experienced an open and positive culture at Osmund Court. During the course of the inspection pleasant exchanges were noted between staff and people using the service. This showed trusting and relaxed relationships had been developed. One person said, "The best thing here is the security and the company and the delivery of the service". They added, "I feel it's like a big family here and you will always get help". Another person said, "The best thing for me is everything about living here". A relative told us, "This is a very well run place and the care given my relative is first class". People had opportunities to attend resident meetings and care plan reviews so they could be engaged with developing the service and care provided to them. They also told us they could talk to care staff informally on a daily basis which influenced a timely response to resolving issues which were important to them. One staff member said, "Our residents are amazing. I encourage friends to come and work here as it's a great place to work".

The manager demonstrated good management and leadership throughout the inspection and the service was Well-led. They had been working at the service for ten years in various roles yet only been in the manager post for the past few weeks. The manager used a 'hands on' approach when supporting people. We observed how they effectively communicated to people in their own homes and when people came to the care office. Staff told us they would not hesitate in approaching the manager or senior carer if there was a problem or they had a concern and they understood their role and responsibilities well. One staff member said, "Everybody is appreciated here, the residents and the staff". Another staff member said, "We all follow our policies and procedures which keeps people safe".

The manager told us they received positive support from their line manager and the regional support senior carer and valued this. They also knew what outside agencies such as the local authority and the Care Quality Commission to contact if they needed to inform them of an incident or change within the service which impacted people they supported. The manager was in the process of becoming registered with the Commission and embraced a discussion during our inspection on the Health and Social Care Act Regulations and the importance of notifying us when legally required to do so.

A range of informal and formal audit processes were in place to measure the quality of the care delivered which were effective and fit for purpose. The quality assurance documents showed audits had been completed in areas such as care plans, medicines and staff performance. Staff records were audited on a 'compliance tracker' this indicated when supervision and training updates were required. When the supervision meetings or training had taken place the 'compliance tracker' was updated. This showed the manager monitored the support provided to the staff team. The manager also presented to the inspector an action plan they had put in place which listed any gaps they had found in March 2017 within care plans and associated records such as risk assessments. The action plan showed any actions taken and what still needed to be completed.

An annual 'Satisfaction Survey Report' was given to people who used the service to provide an opportunity for them formally to compliment the service or raise any concerns. The last survey was sent out to people in August 2016 and 60% of people using the service returned a completed survey. The responses were mostly

positive and the main areas people praised the service for were, 'All staff helpful and friendly' and Friendliness of staff and concern they show' and 'The care service is good'. There was also an opportunity for people to express what required improving.

The manager told us their greatest achievement so far was, "Managing to keep the core staff team together and still managing to provide very good care for residents and support for relatives". They informed us there aim was to continue to recruit, "Good, solid staff".