

Housing & Care 21

Housing & Care 21 - Priory Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Housing & Care 21 - Priory Court on 26 January and 2 February 2017. The inspection was unannounced. We last inspected Housing & Care 21 - Priory Court in August 2015 and found the service was meeting the legal requirements in force at that time.

Housing & Care 21 - Priory Court provides personal care for up to 41 people who have privately rented flats within an extra care housing facility and also to people in the wider community. At the time of the inspection there were 42 people in receipt of a service.

People said they felt safe and well cared for. Staff knew how to identify and respond to safeguarding concerns, helping to keep people safe. Incidents and allegations were notified to the local safeguarding team and the provider worked positively with statutory agencies, such as the local authority and Care Quality Commission.

Staff provided safe care. There were sufficient staff employed to ensure continuity of care and the reliability of the service. New staff were subject to a robust recruitment process, including checks for criminal convictions. Staff managed medicines safely, with any errors dealt with promptly and appropriately.

Staff undertook training relevant for their role and the needs of people using the service. Training included care and safety related topics and refresher training was planned. Staff were well supported by their supervisors and the registered manager.

Staff sought people's consent before providing care. The registered manager was aware of the principles and practice of the Mental Capacity Act 2005 and how they applied to this service. Support was provided with food and drink appropriate to the level of people's needs. People were able to readily access an on-site restaurant. People's health needs were identified and where appropriate, staff worked with other professionals to ensure these needs were addressed.

People told us staff were kind and caring. Staff explained clearly how people's privacy and dignity were maintained.

Assessments of people's care needs were obtained before services were started. Care plans were person-centred and had sufficient detail to guide care practice. Staff were well informed about people's changing needs. People and their relatives expressed satisfaction with the care provided.

Some activities were offered, although people using the service said they would like more diversity.

The service had a registered manager in post. The registered manager and senior staff implemented systems to monitor and manage quality, which included feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

Records were organised and easily retrieved.

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.

People told us they felt safe and secure with the service they received. Staff were recruited safely and available in sufficient numbers to ensure safe care.

There were systems in place to manage risks. Safeguarding matters were reported internally and notified to external organisations.

People's medicines were safely managed and staff's competency to manage medicines was assessed and kept under review.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were suitably trained and well supported.

Staff ensured they obtained people's consent to care.

Support was provided with food and drink appropriate to people's needs and choices.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring.

People's dignity and privacy were respected and they were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good 

The service was responsive.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

Some activities were offered, although people using the service said they would like more diversity.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Is the service well-led?

Good 

The service was well-led.

The service had a registered manager in post. People using the service, their relatives and staff were positive about them. There were clear values underpinning the service which were focussed on providing person centred care.

Incidents and notifiable events had been reported to the Care Quality Commission.

There were systems in place to monitor the quality of the service, which included regular audits, meetings and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

Housing & Care 21 - Priory 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 checked 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.

This inspection was unannounced and took place on 26 January and 2 February 2017. The inspection team consisted of one adult social care 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.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with eleven people using the service and six visitors. We spoke with seven staff including the registered manager, five support workers, including two seniors and a visiting line manager.

We looked at a sample of records including four people's care plans and other associated documentation, medicines records, staff recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

Is the service safe?

Our findings

People said they felt safe with the service provided at Housing & Care 21 - Priory Court. They said if they didn't feel safe they would know which member of staff to speak with. One person said that they felt safe with the service because, "Yes, it's a lot safer than it used to be in here, staff are better trained now and we have a much better manager as well. I didn't used to feel very safe, but I do now." Another person told us, "Yes, I feel safe here mainly because I can lock my door and we always have carers around if we need anything in here." We were told by another person, "I really feel safe in here yes, because I fall down a lot. If I was living on my own somewhere else there would be nobody to help me. I get a lot of help here." Visitors also said their relatives were safe. One relative commented to us, "I feel it is very safe for my family member as you cannot get in to the main tenants area unless you have a fob key or my family member buzzes me up." Another visitor said, "I feel it is a safe place yes, we check who comes in here and when we see people we don't know we let staff know."

Care staff were able to explain how they would protect people from harm and deal with any concerns they might have. One said to us, "I'd report to the senior or management. If necessary I'd take it higher." Staff were familiar with the provider's safeguarding adults procedures and relevant information to guide staff on identifying and responding to abuse was prominently displayed in the staff room. All staff expressed confidence that concerns would be dealt with promptly and effectively by their managers. Practical arrangements were in place to reduce the risk of financial abuse. Safeguards put in place included the financial documentation and receipts staff were required to maintain. These records were audited periodically by external line managers.

To support safeguarding training there were clear procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The provider also had a clear whistle blowing (reporting bad practice) procedure. This detailed for staff what constituted bad practice and what to do if this was witnessed or suspected. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the alerts we had received in the last year had been reported promptly to the local safeguarding adults' team and had been handled in a way to keep people safe. Reportable incidents were notified to the Care Quality Commission and the relevant local safeguarding team.

Arrangements were in place for identifying and managing risks. Staff attended safety related training, including medicines training, moving and handling, general health and safety and infection control. Where risk was identified, there were clear guidelines included in care plans to help staff support people in a safe manner. Risk assessments were also used to promote positive risk taking and maintain people's independence and safety as much as possible. Examples included supporting people with medicines and maintaining a safe home environment.

People using the service told us there were enough staff to care for them safely. People said that staff made their planned care calls on time. The on-site carers were also able to respond quickly to any alarm calls in

between. One person said, "I feel there is enough staff about. I have my pendant if I really needed anything. I am quite happy." Another person commented to us, "Staffing sufficient? Personally I'd say yes." Other comments included, "They have the time to do the stuff they want you to do" and "You're never stuck, there's more than enough." Some visiting relatives expressed a contrary view. One remarked, "I don't feel there is enough staff here to be honest. I feel they are very stretched and thin doing very long hours and they are always tired." Another visitor told us, "Staff are good here and have always dealt well with any accidents or incidents. They are always nice and friendly, but they just never have time to sort of pop in and chat with anyone. It's a real shame really as all family members would like it. I know my family member really would."

The view of the registered manager and staff was that staffing was sufficient to meet people's needs safely. The registered manager informed us staff hours were determined on the basis on an individual assessment of each person's needs which was then totalled to identify overall staffing levels. There was provision made for additional staffing shared between all the tenants. The registered manager informed us they were reviewing staff working arrangements to improve efficiency by reducing the number of split shifts. We observed this being implemented in practice as senior staff forward planned the staffing rota.

Checks carried out by the provider ensured staff were safely recruited. An application form (with a detailed employment history) was completed and other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. In one case, despite concerted efforts a second reference could not be obtained for one worker. We advised the registered manager to ensure a clear record was maintained of all attempts to obtain references to demonstrate that all reasonable steps had been taken.

Medicines were administered by staff who had been trained in the safe handling of medicines and their competency to do so was assessed. People expressed satisfaction with the support they received in this area. One person said, "Staff give me my medication morning and evening. I am happy with that and know about my care plan as well." Another person told us, "The staff give me my medication, I would forget to take it otherwise." Staff indicated they were suitably trained and supported with this aspect of their job role. One staff member told us, "We get medication training. That's up to date." Another informed us, "The medicines system is well laid out and there's plenty of people who can give you a hand (if you're unsure)." They were clear about the differing levels of support provided to people, from basic reminders to help with ordering, administration and recording. A staff member commented, "We sign for any medicines we administer. People who have capacity we just assist." Staff were clear what to do should an error occur, including informing the person, raising this with the registered manager and seeking prompt medical advice.

Before people received a service, staff completed an assessment of key needs. This included a description of each person's support needs relating to their medicines. Assessments explored people's capacity and whether they were able to administer their medicines independently or needed support. Staff outlined what specific support was needed within a care plan which meant they were able to take a consistent approach. Where support was offered to people, records were kept to help ensure medicines were administered as prescribed. We looked at a sample of medicine administration records and saw no omissions. Where minor errors had been identified through internal checks, appropriate and prompt action had been taken.

Is the service effective?

Our findings

People felt the service provided was effective and they made positive comments about the competence, abilities and approach of staff. Those people we spoke with expressed the view that staff were knowledgeable and skilled. One person said, "Yes I am very happy with the staff now and the manager. I am the happiest I have ever been."

New staff had undergone an induction programme when they started work with the service. The manager told us, and records confirmed, that new staff undertook the 'Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. New staff were expected to complete induction training and had the opportunity to shadow more experienced workers until they were confident in their role.

All staff were expected to undertake core training at regular intervals and were trained in a way to help them meet people's needs effectively. Staff told us the training they had received had helped them to deliver safe and effective care. They expressed the view that training was good. A staff member told us, "All our training is always up to date." Another said, "The training is fine, it's nearly all the time. It's useful and any with specific needs, people like the OT (Occupational Therapist) come in and show us how to do everything."

Staff told us, and records confirmed, they were provided with regular supervision and they were well supported by the management team. One staff member said, "If you're unsure of anything you can look in the care plan, ask others or go to the office." Records of the supervision meetings undertaken contained a summary of the discussion. A range of work, professional development and care related topics had been covered. These meetings gave staff the opportunity to reflect on what had gone well and focus on areas for further development.

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.

We checked whether the service was working within the principles of the MCA. We discussed the requirements of the MCA with the registered manager. They were fully aware of their responsibilities regarding this legislation and were clear about the principles of the MCA and the actions to be taken where people lacked capacity. The registered manager told us information would be available where a person had a deputy appointed by the Court of Protection and they were aware of situations where a person could be deprived of their liberty by the court. Staff we spoke with were clear about the need to seek consent, to promote people's independence and involve other relevant people in decision making. One staff member told us, "I have heard of both the MCA and DoLS. Nobody here has one. A few people have dementia, but they and their families are involved."

People's dietary needs were assessed and staff supported some people with food shopping, meal preparation and checking whether food remained within its best before dates. Where possible, people were encouraged to maintain their independence in this area. The service had an on-site restaurant. Nearly all the people we spoke with informed us that they would buy their lunch every day in the restaurant. One person told us, "I eat in the restaurant every day for my lunch. The food is very good I really enjoy it. I occasionally cook something myself." Another person told us, "The restaurant is good. I generally just make myself something in my room for lunch and tea or family members bring me something." We were told by another person, "The food is really good, I like it. Today on the menu for lunch was jacket potato and salad."

People were supported to maintain good health. The majority of people using the service managed their own medical appointments or had relatives who would do this on their behalf. Staff would assist with arranging and attending appointments when needed. All those people we spoke with said they could get to see general practitioners (GPs) and other health professionals if needed. Staff expressed the view that they had good working relationships with medical staff. One such remark was, "The urgent care team are really good." They continued by informing us, "GP information is in their files in their flat." This meant staff could readily access medical support.

Is the service caring?

Our findings

People using the service and their relatives made positive comments about the caring approach of staff. People told us they were treated with kindness and compassion. People using the service told us that staff were caring towards them. One person told us, "The staff are fine here. They are really caring and patient." Another person told us, "You cannot fault the staff here at all." Similarly positive comments about the caring approach of staff were recorded in the provider's quality survey. Comments included, "The only comment I can make about the staff at Priory Court are the most caring, sweet and loving I have ever come across for delivering outstanding care, over and above what would be expected of them to my mother ... Thank you so much", "(Specific carer named) ...she has been a rock when I needed a bit of special care. I found her an excellent carer ... you are a gem" and "Thank you so much for caring for my mum with such affection, kindness, gentleness and sensitivity to her physical and mental wellbeing."

All the people we spoke with said if they need any help with personal care, bathing, or other assistance they felt very respected and advised any curtains were always pulled shut or doors closed for privacy and dignity. They said staff would always knock first and ask their permission before entering their flat or when assisting them. Staff were clear about the need to ensure people's privacy and dignity. Comments included, "Privacy and dignity – It's common sense; shutting blinds and closing doors", "Closing blinds. If family are in, just ask them to wait outside" and "We aim at giving people the dignity they would have had in their own home."

The need to maintain confidentiality was clearly stated in guidance to staff and staff were required to agree to the terms of a confidentiality statement. When asked, staff were clear about the need to ensure people's confidences.

Staff had developed and demonstrated to us a good understanding of people and their needs. They were able to describe how they promoted positive, caring relationships and respected people's individuality and diversity. Care plans were written in a person centred way, outlining for the staff team how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. This was reflected in the language used by the staff we talked with, who demonstrated a professional and compassionate approach.

Arrangements were in place to monitor the approach of staff. The registered manager and senior carers carried out observations and spot checks to monitor people's care experiences, care practices and the ways staff communicated and interacted with people. This helped ensure the provider's stated values were monitored and delivered in practice.

Staff were clear about their roles in promoting independence and involving people in decisions about their care. They explained how they involved people in making decisions and supported their opinions on matters such as personal care. Staff were knowledgeable about people's individual needs, backgrounds and personalities, including any specific beliefs and cultural needs people had.

People using the service were supported to express their views and were actively involved in making

decisions about their care, treatment and support. People were provided with information about the provider, including who to contact with any questions they might have. The people we spoke with were clear about who to contact at the service and informed us they were involved in reviews of their care. People confirmed routines were flexible, for example we were told by all the people we asked that they could go to bed and get up when they wanted. Some advised they like to go to bed quite early, others stated they like to go around 9pm or sometimes later.

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. People said the staff were reliable. All those people we spoke with felt that care staff were responsive to call bells. We observed this during our inspection, with staff promptly replying to requests for assistance from people using the service.

People informed us that they were aware of and had been involved in developing their care plan. All relatives we spoke with told us that they felt happy and involved in making choices and decisions about their family member's care. One relative told us, "Staff always call and let us know if there are any changes to discuss. They are great like that."

People using the service said their wider social life was supported, although most felt activities were limited in scope and often included bingo sessions. One person told us, "I would love more activities we just have bingo twice week which we do ourselves and one of the tenants calls it and that's it. We sometimes play dominoes amongst ourselves as well. I would love some more activities." A relative told us, "There is only bingo really in the way of activities which they sort amongst themselves. Once in a blue moon a singer comes in. There used to be an activities manager, but she took ill and left and has never been replaced. I feel since they have accepted more people with dementia in here and high needs that it has impacted greatly on the social inclusion side of things as they are unable to communicate. I mean there are only ever about 12-14 people at a push for bingo which out of 40 is quite bad really. I feel more activities would really be great for my family member and the other people in here." These comments were raised with the registered manager, who acknowledged this feedback. They indicated that once a current programme of refurbishment had been concluded, which included the shared lounge where activities would take place, they would work with people to discuss the types of activities they would like and could offer.

People's care and support was assessed proactively and planned in partnership with them. Care was planned in detail before the start of the service. The registered manager or senior carers spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an on-going relationship between the manager, senior carers and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided.

From the information outlined in people's assessments, individual care plans were developed and put in place. Care plans were clear and were designed to ensure staff had the correct information to help them maintain people's health, well-being, safety and individual identity. The care plans showed people received personalised care that was responsive to their individual needs and preferences.

To aid clarity and understanding, care records were written in plain English and technical terms were avoided or explained. Care plans were person centred and covered a range of areas including personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were up to date and were sufficiently detailed to guide staff's care practice. Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform their senior carers or the registered manager so a further care needs

review could be carried out. We discussed a specific case with the registered manager where further guidance was needed. They acknowledged our feedback and confirmed additional detail would be incorporated into the care plan. The input of other care professionals had been reflected in individual care plans. Examples included the input of speech and language therapists, nurses and occupational therapists. Care documents were set out in a standardised format and well ordered, making them easy to use as a working document.

Staff kept regular progress notes which showed how they had promoted people's independence. The records also offered a detailed account of people's wellbeing and the care that had been provided. Care plan reviews also contained comments that were meaningful and useful in documenting people's changing needs and progress. Staff were clear with us about the need to ensure they remained up to date with information in care plans. One said, "It's up to you to read them. Any changes we write up in the communications book. Service users can tell us anyway." Another staff member said, "We have a handover every shift. Everything goes in the communications book, including changes in people's healthcare and changes in medicines."

Staff demonstrated a detailed knowledge of the people using the service and how they provided care that was important to them. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs. From our discussions and review of care records it was apparent that people were encouraged to maintain their independence. People were supported to address their own care needs, for example with medicines management. This meant people using the service were supported to keep control over their lives and retain their skills.

There was a system in place to record, investigate and respond to complaints. A clear complaints procedure was in place, including in accessible formats. Details of how to complain was included in information about the service and on display in information stands. Two complaints had been received and documented during the past year and these had been investigated and responded to appropriately. Some people we spoke with were unclear of how they would make a formal complaint, although all the people and relatives we spoke to advised they did not have any complaints. The people we spoke with said that they would raise any concerns they might have with staff or the registered manager.

Is the service well-led?

Our findings

People spoke positively about the management and leadership at Housing & Care 21 - Priory Court. They told us the registered manager was actively involved in engaging with the people using the service and in seeking their views and input in the day to day running of the service. People were also complimentary about the registered manager and her approach. One person said, "I am the happiest I have ever been because of the new manager. The new manager got us all together and asked us all what colour we would like outside our rooms as it was our choice, it's our home. I thought that was really lovely." Another person told us, "The manager will do all they can to help you. They really are lovely you know." A relative told us, "The new manager is great, very approachable and proactive - really seems to care about everyone."

At the time of the inspection there was a registered manager with day to day responsibility for the operation of the service. They were able to highlight their priorities for developing the service and were open to working with us in a co-operative and transparent way. They were clear about their requirements to send the Care Quality Commission (CQC) notifications of particular changes and events. We reviewed incidents that had occurred and saw that reportable incidents had been notified to us. The registered manager attended on-going training relevant to their role, including safety, care and staff management topics.

The registered manager had clearly expressed visions and values that were person-centred, ensuring people were at the heart of the service. We observed the registered manager and senior staff acted as positive role models, actively working with and advising staff on the service provided. They were also supportive to the staff team. For example, there was an on-call system to help ensure the management team were reactive to any problems, which was confirmed by staff we spoke with.

The quality of the service was monitored by several means, including on-going consultation, spot checks, formal audits and the collation of findings from other reviews such as commissioner's reports. This was to help identify areas in need of further improvement and to incorporate the views of those using the service. For example, feedback from meetings highlighted areas of strength, updates on changes to the service and recorded areas for improvement, such as new activities. Comments and suggestions for improvements from quality surveys included; "I am very happy living at Priory Court", "Things are going smoothly. I am very happy living at Priory Court", "More variety of activities", "Staff are really kind. Staff are very helpful and I'm happy living at Priory Court" and "I would like to take this opportunity to point out that [Name] the manager of the service here is outstanding. Always listens to any concerns and acts on them. ... Since [Name] took over the Court is at its best."