

Housing & Care 21

Housing & Care 21 - Fountain 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 - Fountain Court on 8 and 22 June 2016. The inspection was unannounced. We last inspected Housing & Care 21 - Fountain Court in October 2014 and found the service was meeting the legal requirements in force at that time.

Housing & Care 21 - Fountain Court provides personal care for up to 41 people who have privately rented flats within an extra care housing facility. At the time of the inspection there were 40 people in receipt of a service.

The service did not have a registered manager in post. They had applied to become registered. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. Alerts were raised and dealt with appropriately, which helped 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 CQC.

We were told staff provided care safely and we found staff were subject to robust recruitment checks. There were sufficient staff employed to ensure continuity of care and the reliability of the service. Staff managed medicines safely. Where errors occurred these were dealt with promptly and appropriately.

Staff had completed relevant training for their role and they were well supported by their supervisors and the manager. Training included care and safety related topics and further topics were planned.

Staff obtained people's consent before providing care. The manager was aware of people who had a deputy appointed by the Court of Protection. Support was provided with food and drink appropriate to the level of people's need. 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 spoke of staff's kind and caring approach. 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 had been developed which were person-centred and had sufficient detail to guide care practice. Staff understood people's needs and people and their relatives expressed satisfaction with the care provided.

Events requiring notification had been reported to CQC. Records were organised and easily retrieved.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. People's views were sought through annual surveys, meetings, care review arrangements and the complaints process. Action had been taken, or was planned, where the need for improvement was identified.

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 deployed flexibly.

There were systems in place to manage risks. Safeguarding matters were reported internally and notified to external organisations, such as the council's safeguarding adults' team and CQC.

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 made positive comments about the caring attitude of staff. People were cared for by staff who they were comfortable and familiar with.

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?

The service was responsive.

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

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.

Good ●

Is the service well-led?

The service did not have a registered manager in post. The manager had applied to become registered. People using the service, their relatives and staff were positive about the manager. There were clear values underpinning the service which were focussed on providing person centred care.

Incidents and notifiable events had been reported to CQC.

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.

Good ●

Housing & Care 21 - Fountain 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 8 and 22 June 2016. 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 eight people using the service and six visitors. We spoke with six staff including the manager and four support workers and the administrator.

We looked at a sample of records including five 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 - Fountain 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, "We have our own front door and it's locked." Visitors also said their relatives were safe. One relative commented to us, "I would see [senior's name] or [manager's name] if I needed to. I couldn't fault them." Another visitor said they thought the people using the service were "100% safe" and referred to the locked front entrance doors. Another visitor said of their relative, "[Name] feels so secure."

The care workers we spoke with were able to explain how they would protect people from harm and deal with any concerns they might have. One said to us, "We get training; I did it about a year ago and have periodic updates." Staff were familiar with the provider's safeguarding adults procedures and told us they had to sign a record to confirm they had read and understood these. Staff also told us about other safety related training they had attended recently, including medicines training, moving and handling, general health and safety and infection control. Staff were able to describe who they would report their concerns to. 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. The manager talked us through the safeguards put in place and we looked through the documentation and receipts staff were required to maintain. These records balanced appropriately and 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 to staff what constituted bad practice and what to do if this was witnessed or suspected. The 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 three 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 CQC and the relevant local safeguarding team.

Arrangements were in place for identifying and managing risks. In relation to help with manual handling, one visitor explained, "There are always two staff so [my relative] feels safe." Staff had recorded in care plans any risks to people's safety and wellbeing. These included areas such as medicines, falls and manual handling. Where risk was identified, there were clear guidelines included in people's 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.

In addition to routine calls, people we spoke with said that on-site carers respond quickly to any call bells in between. One person spoke of a recent fall, stating, "When I fell in the bathroom staff came straight away."

Another person said, "Yes, staff come quickly except if there is an emergency elsewhere."

Those people we spoke with felt there were enough staff to care for them safely. People said that staff made their planned care calls on time. One person said, "I know the carers will be on time." Another said, "They're always on time." Some said that if there was any delay to their allocated call time staff would let them know of the delay and the reason why, for example if there was an emergency elsewhere. One visitor felt that there were enough staff during the week but not enough at weekends. Staff indicated there was sufficient staff available to meet people's needs. Staffing rotas indicated equal cover throughout the week, including at the weekend, although the front office was not manned during this time.

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.

Medicines were administered by staff who had been trained in the safe handling of medicines and their competency to do so was assessed. People said they got their medicines on time. Staff were clear about the differing levels of support provided to people; from basic reminders to help with ordering, administration and recording. Staff were clear what to do should an error occur, including informing the person, raising this with their 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 staff 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 and abilities of staff. Those people we spoke with expressed the view that staff were knowledgeable and skilled. One person said, "They do all they can." One visitor said, "If they don't know what to do they would always send for an ambulance." Another visitor said of the staff, "They are very conscientious in what they provide to [name]."

One visitor indicated that staff did ask for consent before and during care, commenting to us, "Staff speak to [name] and give him instructions to help him." Another visitor confirmed that staff explained what they were doing when they supported their relative.

People told us they were happy with the approach of staff. Comments we heard included; "They are all pretty good – they are helpful," "They are all nice lasses – they'll do anything for me" and "The carers couldn't be any better. I couldn't fault them at all."

New staff had undergone an induction programme when they started work with the service. One staff member stated, "I got an induction; it was helpful." The manager told us, and records confirmed, that new staff undertook the Skills for Care '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, "We get a lot of training and support here." Another said, "I'm all up to date. The training's good; especially the medicines management."

Staff told us they were provided with regular supervision and they were well supported by the management team. One staff member said, "Supervisions are every three months. There's always an open door." Records confirmed staff had received recent supervision meetings, although these had been inconsistent in terms of their frequency in the past. The new manager had a plan in place to forward plan future supervision meetings. Records of the 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 manager. The manager was fully aware of their responsibilities regarding this legislation and was clear about the principles of the MCA and the actions to be taken where people lacked capacity. The 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 would 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, "We have to consider people's capacity to make decisions and whether families need to be 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. One person who received support with eating said that staff chatted with them whilst assisting them and that they took their time to assist them. One visitor said the food offered at the on-site restaurant was, "Nice traditional food," and that there were usually four choices available. Others said there were usually two choices. All those we spoke with felt the food served in the on-site restaurant was good. People used the restaurant services in a variety of ways. One person explained that they had their own food in their flat and then might have a dessert in the restaurant. Another person, who required pureed food, bought their own food, but dined with this in the restaurant daily. Another person said, "Now and again I get food from the restaurant to take to my flat." They added, "On Friday the fish is absolutely beautiful." Another person spoke highly of the food choices on a Sunday.

People were also 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. One person said "If I needed it they would get help and if it was urgent they would get the paramedics." We observed this happening during the inspection. Another person said staff would assist them to get to the GP or the optician if they needed to. A further person said that staff helped them by booking their ambulance for regular hospital appointments.

Is the service caring?

Our findings

We received many 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 care is brilliant; the girls are really caring." They added, "Each one of them has their own individual way but they are all great." One visitor said of her relative, "He couldn't get better care anywhere else." Another visitor said, "If mam is happy. I'm happy."

One person felt that since receiving a service from staff at Housing & Care 21- Fountain Court they had become more independent. They said, "Since I came here I've started cooking again." They added that they were supported to be independent, stating "They encourage you." A visitor spoke of staff encouraging their relative's independence, stating, "Staff give him some independence, he does what he can and they do the rest."

People we spoke with described how staff ensured that privacy and dignity were maintained whilst giving personal care. One person said, "Staff make me feel comfortable." Another person explained that staff had a chat and shared a joke with them whilst helping them. This was also confirmed by a visitor who spoke of how staff gave their relative privacy and dignity whilst helping with personal care. They informed us, "They cover him up and don't make him feel embarrassed." Those people we spoke with said that staff respected their private home space. One person said, "Staff knock, shout and then let themselves in." Another person said, "Staff shout and then push the door open."

Staff had created positive and caring relationships and were aware of the expectations placed on them to do this. A staff member told us, "We're told to treat people how you would like to be treated. We have people's best interests at the heart of what we do and a person centred approach." 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 interviewed, who demonstrated a professional and compassionate approach.

Arrangements were in place to monitor the approach of staff. The manager carried out observations and spot checks to monitor people's care experiences, care practices and the ways staff communicated and interacted with people.

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.

Where people needed support from a third party to help express their opinions they were able to seek the support of an advocate. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted. Staff were aware of advocacy support that could be accessed to support people with any conflicts or issues about their care.

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.

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. One person described how the manager had ordered a new wheelchair straight away when it was needed. Another person said "I've no problems; I just need to ask them [staff]."

People informed us that they had all been included when developing their care plan. They said that staff were always available to make any necessary changes or to give advice on sources of additional support. One visitor said that they felt involved in care plans. They said "[Manager's name] monitors everything," and added, "This place goes above and beyond. I can approach every single person." Another visitor said that their relative was involved in their own care. They said, "The carers explain things to him. [Name] feels involved." They added that staff also kept them informed about their relative's health and medical appointments. The same visitor felt that staff were able to respond to their relative's increased needs, stating; "It doesn't matter how bad he gets, they do things for him; they've adapted."

People using the service said their wider social life was supported. Most of the people we spoke with told us they attended the regular bingo sessions. They also spoke of the 'Tea Club' which took place twice a week and included bingo. Another person spoke of going to the hairdresser on a Friday. Others described watching television and activities within their own flat, such as crocheting and knitting. However, one person felt there wasn't enough variety as most activity centred around bingo and said, "There's nothing else to do". One visitor expressed the view that there could be more stimulation for their relative. These comments were raised with the manager, who acknowledged this feedback and indicated they would continue to consult with people about the types of activities they would like to be on 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 and the 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 manager so a further care needs review could be

carried out. The input of other care professionals had also been reflected in individual care plans. These documents were 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 had a detailed knowledge of the people using the service and how they provided care that was important to the person. 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 where this was safe and appropriate. 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. Two complaints had been received and documented during the past year and these had been investigated and responded to appropriately. All the people we spoke with felt that they would know who to raise a concern or complaint with and that they would be listened to. Of the manager, one person said, "If there was a complaint [name] would listen; she's been brilliant." They gave an example of where something wasn't going well for them and how they had spoken to the manager who had changed arrangements to accommodate them. One visitor also gave an example of where her family member was unhappy and the manager had explained the situation in a way the person and their family could accept.

Is the service well-led?

Our findings

People spoke positively of the good atmosphere at Housing & Care 21 - Fountain Court. One person said, "This is the best thing that ever happened to me. I should have done it years ago." Another person said "I love it here." Another told us of how there had recently been a competition for the 'best carer'. Visitors also commented of their relative, "There's nowhere else she'd rather be" and "I think it is marvellous."

Throughout the inspection, people we spoke with and their visitors were able to identify named staff who could support them with each aspect of their care and daily lives. They were confident that their needs would be met. The same confidence was shown regarding how the manager and senior carers would engage with them.

People told us they were happy with the management of the service. They told us the manager and senior carers were actively involved in engaging with the people using the service and monitoring the care offered. People were also complimentary about the manager. Comments we heard included; "[Name] is lovely; if you need anything she'll help you. She's on the ball if you need anything", "[Name] she's a nice person." Staff were equally positive. One staff member said, "[Name] knows the job inside out. You can always go to her for advice and she knows her stuff."

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. One staff member said; "The Court is very well managed. She [the manager] attends handovers and is able to guide staff, even at the weekend. 24/7 there's someone there."

At the time of the inspection there was a manager with day to day responsibility for the operation of the service. They were not registered, but had commenced the process of becoming registered with the Care Quality Commission (CQC). 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 CQC notifications of particular changes and events. We reviewed incidents that had occurred and saw that reportable incidents had been notified to us. The manager attended on-going training relevant to their role, including safety, care and staff management topics.

The manager had clearly expressed visions and values that were person-centred, ensuring people were at the heart of the service. We observed the manager and senior staff acted as positive role models, actively working with and advising staff on the service provided. For example, we observed this at a shift hand over meeting, where the manager actively engaged with staff discussions and was able to advise and direct staff appropriately.

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.