

Housing & Care 21

Housing & Care 21 - Hillside 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

This inspection was announced and took place on 7 March 2017.

At our last inspection of 24 and 25 February 2016 although there was no actual breach of regulations, we found that some improvements were needed regarding recruitment processes and ensuring enough staff were available to meet the needs people who used the service. At this inspection we found that improvements had been made in those areas.

The provider is registered to provide support and personal care to adults. The service is registered and managed by Housing and Care 21. People who used the service received their support and care in their own flats within the extra care complex. At the time of our inspection 49 people were receiving personal care and support.

There was registered manager in place. 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.

The service had processes in place that they were followed to prevent people experiencing any mistreatment or abuse. Risk assessments were undertaken and staff knew what actions they needed to take to keep people safe and minimise any potential risk of accident and injury. Adequate staffing levels ensured that people received a consistent service from staff who they were familiar with, knew of people's individual circumstances and could meet their needs. Appropriate systems were in place regarding medicines management so that people were supported to take their medicines as they had been prescribed by their doctor.

Staff received induction training and the support they needed when they started work that ensured that they did their job safely and provided support in the way that people preferred. Staff told us that they had received training that was required to meet peoples' needs and to keep them safe.

People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered. Staff understood that people have the right to refuse care and that they should not be unlawfully restricted. Staff supported people to have drinks and meals that they enjoyed.

People were cared for and supported by, staff who were kind and caring. Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks.

The service was responsive to people's needs. Complaints processes were in place for people and their relatives to access if they were not satisfied with any aspect of the service provision.

People, relatives and staff had confidence in the management team and the service. People we spoke with told us that the quality of service was good and that the management were approachable and helpful. The provider had quality assurance processes in place to improve the service.

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.

Medicines management systems were in place so that people were able to take their medicines safely for their health and wellbeing.

Staff followed the safeguarding procedures to minimise the risk of harm to people.

Staffing levels were adequate to meet people's needs and to keep them safe

Is the service effective?

Good ●

The service was effective.

People received effective care and support in the way that they preferred.

Staff supervision sessions were carried out and staff received training to enable them to meet people's needs.

Staff ensured that people were not unlawfully restricted and received care in line with their best interests.

The registered manager and staff liaised and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Is the service caring?

Good ●

The service was caring.

People and their relatives confirmed that the staff were kind. People felt that the staff gave them attention and listened to them.

People's dignity and privacy was promoted and maintained as well as their independence and daily life skills were encouraged.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

People felt that staff were responsive to their preferences regarding daily wishes and needs.

Is the service well-led?

Good ●

The service was well-led.

People and staff told us that the management of the service was open and inclusive.

Quality assurance systems were in place to improve the service.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 took place on 7 March 2017 and was announced. The inspection team consisted of 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.

We asked the provider to complete 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 improvements they plan to make. This information is then used to help us plan our inspection.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. A notification is information about important events, which the provider is required to tell us about by law. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We used a range of different methods to help us understand people's experience. .

We visited the provider's office and spoke with seven care staff and the registered manager. We spoke with 11 people who used the service and three relatives. We looked at four people's care records, 10 people's medicine records, staff training, supervision records, medication records, three staff files, audits, policies and records. We looked at systems that supported the provider to monitor the quality and management of the service.

We spoke to three health and social care professionals on the telephone after the inspection to ascertain

their views about the service.

Is the service safe?

Our findings

At our previous inspection of 24 and 25 February 2016 we found that improvements were needed regarding recruitment of staff and ensuring adequate staff were available. We saw that safe recruitment procedures were followed with appropriate checks made to ensure care staff were suitable to work with vulnerable people. This included Disclosure and Barring Service (DBS) check and obtaining suitable references. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. These systems would minimise the risk of unsuitable staff being employed.

People who used the service and relatives said they felt safe with the service and staff. One person said "I feel very safe here. I have no concerns". Another person said "it's all complete for me at Hillside Court they can't improve on anything". Other comments included "I get four visits a day, they manage to turn up at some point even if it's late. A group of people we met told us they felt safe with staff and the service. One person said "I feel very comfortable with staff and If I have any issues I will go straight to the manager and I know they will do something about it". One person told us they had reported a concern to the management team in relation the alleged poor attitude of a new carer and they told them they would look into it. The registered manager told us they had dealt with the concern by offering extra training on moving and handling and more supervision and observation of practices. They had also extended their probationary period and put other measures in place to ensure that appropriate support was given to enable them carry out their role effectively.

Staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "If I am concerned about someone being at risk of abuse. I will report it to the manager" I can also report it to the police and the CQC".

Records were available to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who used the service. These included mobility assessments, risks relating to staff using hoisting equipment while supporting people with personal care and when partaking in other daily living activities. The staff and the registered manager told us that where people were at risk of falling referrals were made to external health care professionals for assessment of equipment. This was to prevent them from falling. We saw that people used various aids to help them walk safely. For example Zimmer frames and walking sticks.

We saw that staff offered support to enable people to walk safely to reduce the risk of them falling that included them reminding people to use their mobility aids. In one person's care records we saw a risk assessment had been completed to ensure that staff knew what to do to maintain the integrity of the person's skin. Staff confirmed that they were aware of what they had to do to prevent sore skin. One staff told us "We make sure we wash that place very well dry it and put the prescribed cream". Another staff member told us "I encourage them to move their position regularly to avoid friction". We saw that the people the care records related to had received the support they required to prevent skin deterioration. A

relative told us "My family member was unwell. The staff came and called an ambulance". Staff we asked told us how they would respond in different emergency situations. They gave us a good account of the actions they would take which included, reassuring the person, obtaining assistance from other staff and calling the GP or dialling 999.

We saw that safety checks of the premises and equipment had been completed and that records were up to date to prevent people being placed at risk of accidents and injury.

Adequate skilled and experienced staff were on duty to provide good levels of care and support. The registered manager told us that they undertook a review of the staffing levels regularly. Staff we spoke with told us that there were enough staff. Staff told us and the registered manager confirmed that when staff were off sick or on leave their shifts were covered by the staff team. This assured people that there were contingency plans in place to ensure that they would be supported at all times by staff who knew them well. However, staff told us there were occasions when they were rushed and felt that more staff were needed to ensure those people's needs were met. One staff member told us "Sometimes we have five staff in morning instead of six and three instead of four in the evenings. It really makes a big difference". Staff told us that people's care needs were never compromised. People told that staff could be late sometimes. One person told us "Visits happened at similar times but evening visits were usually the ones that are late". Other comments included "I don't need much, I get all the support I need" and "A carer comes each day but the times can be slightly different due to other constraints the staff have" and "Sometimes if they are late they will inform me and when they arrive they are always sorry". We discussed this with the registered manager who told us they were aware of staff concerns and that this was due to a recent increase in the need of a complex condition. They were liaising with the funding authority to increase the hours to enable them to meet the person's needs. We saw evidence of the correspondence with the local authority. We saw from the staffing rota and the run sheets on the day of our visit that there were enough staff to meet the needs of the people who used the service.

One health professional we spoke with said "They have been absolutely superb. They are supporting a person with high complex needs and they go above and beyond their duty to support this person".

The registered manager told us they had also tried to recruit a senior carer to support the management team and increase the staffing level but had not found a suitable candidate. Evidence of this was shown to us.

The registered manager provided us with evidence of medicine training and medicine competency assessments for staff. People we spoke with confirmed that they wanted the staff to look after their medicines and that they were always given at the correct time. A person said, "Care staff come in and check on me they give me my medicine". Another person told us, "I take my own medicines and they check to see if I have". We checked people's medicines administration records and found that they were completed correctly which meant that people received their medicines as they had been prescribed to maintain their health and wellbeing.

We saw that supporting information for medicine prescribed on a 'when necessary' or 'as required' basis to enable staff to make a decision as to when to give the medicine was available and in use. This meant any risk that people were given medicine when it was not needed or not given medicine when it was needed was minimised. We saw that medicine audits were undertaken on a regular basis and where medicine records had not been fully completed by staff these had been identified and action had been taken as a corrective measure. This included individual staff meetings and in some cases staff had been referred for refresher training.

Is the service effective?

Our findings

People and their relatives told us that the service provided was effective. A person said, "I am happy with my level of care. Another person told us, "I am very happy staff give me all the support I need". Other comments included "Care is good here that's why I am still here. I won't want to go and live any other place. I am happy". A relative said, "I am happy with the care and support they give my family member". One staff member said, "Our residents do receive good care here and are very well supported".

The service had an induction programme. The registered manager said the induction programme enabled new staff to have understanding and knowledge about the service's policies and procedures. One staff member told us "The induction was very good. I shadowed a senior carer before I started working on my own. It was really good for me". One staff member who had been employed a few years previously told us that they had received a good induction that consisted of induction training and shadow opportunities with experienced staff. Another staff member said, "I had my induction when I started here. I was told about the fire procedure, shown around the building and worked alongside staff until I was familiar with everything I have to do". The registered manager told us that the Care Certificate was being used for induction for new staff who did not have any formal care qualifications. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. The staff told us that they had received Care Certificate training to prepare them for role of supporting people with their care needs. We saw training certificates to confirm this.

Records that we looked at showed that staff had received refresher training in relevant subject areas. For example, medicines administration and moving and handling techniques. The registered manager told us that training in specialist areas such as diabetes had been arranged to take place on 29 March 2017 and showed us documentation to confirm that this was correct. This would provide staff with the necessary skills and knowledge required to support people with this condition

One person told us, "I think they do a lot of training. They know what they are doing". A relative told us, "The staff are really good. They have all knowledge they need to look after my family member. I have no doubt they do a lot of training". Other people we spoke with told us that they felt that the staff were able to support them effectively. Staff told us they had various training relevant to their roles. They told us that they felt confident and able to do their jobs well. Staff files and the staff training record noted details of training courses the staff had attended. The registered manager told us they kept training records to enable her plan refresher courses to update staff skills and knowledge. The training courses staff attended included moving and handling, health and safety, adult safeguarding, Deprivation of Liberty Safeguards (DoLS), dementia awareness and medicines management.

Staff received support to perform their roles effectively. A staff member told us, "I feel very supported. The manager and the office staff are absolutely superb. They are always there for you no matter what. There is always someone at the end of the phone to give you all the support you need." Records evidenced that supervision sessions were regular and all staff had received an annual appraisal. This gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Spot checks on staff were also undertaken on an

ongoing basis to make sure staff were working at required standards. Staff told us this was useful and one said "We get a lot of support". Records of spot checks were seen in staff files. Staff also told us they had regular meetings to discuss any issues within the care provision and the organisation. This meant staff had the opportunity to discuss their work and training needs with management.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures where personal care is being provided must be made to the Court of Protection.

People and staff told us that no one was restricted and that human rights were upheld. We found by speaking with staff that they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) and were aware that people must be looked after in a way that did not inappropriately restrict their freedom. The registered manager said no one had been referred for assessment for a DoLS approval and no one's right to freedom and movement was unlawfully restricted.

Staff sought people's consent before providing care and support. One person told us, "The staff ask my permission before they look after me". Another person told us, "The staff always ask for my consent before washing me". Other people we spoke with also told us that staff explained things to them and asked their permission before undertaking care or support tasks. We observed that staff asked people if it was alright to support them when walking and if they needed other help.

People told us staff would call the doctor if they were unwell". A relative said, "The staff are so good. They would call the GP if our family member is not well. Sometimes I do it myself." Another relative said "They let us know when they call the doctor". Other people also told us that staff supported them where there was a need to access healthcare services on a regular and when required basis. Staff we spoke with and records that we looked at showed that the registered manager and staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, the dietician, occupational and dementia specialists. This ensured that the people who used the service received the health care support and checks that they required.

People were supported to have enough to eat and drink. A person told us, "I like the food. People told us that they were supported to have the food and drinks they liked in sufficient quantities. People [or their family and or friends] purchased their own food and drinks. Where people required support to prepare and cook meals this was provided. A cooked lunch was made available in the restaurant. One person told us "carers will order and collect their food from restaurant". Staff told us they knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent water infection of dehydration.

Is the service caring?

Our findings

People and relatives told us that the staff were caring and kind. A person said, "The staff are lovely and polite". Another person said, "I look forward to seeing them in the mornings" and "I am happy here". They are really nice to me". One relative told us "Staff are very good very caring and kind. I can't fault them. They help us a lot".

We observed staff interactions with the people who used the service. We saw that they greeted each individual and asked how they were. Staff took time to listen to what people said. We found that the atmosphere within the service was caring and friendly. People were caring towards each other and many had made friends with each other.

The Provider information Return (PIR) stated "We tailor the service to clients' needs and personal choices to promote their individual strengths and independence. All residents have a person centred support plan, this includes, all support plans are written as a first person, residents are involved in their planned care. Care records we looked at included information about the person being supported. This included people's individual wishes on how they wanted to be assisted. People told us that they were involved in decisions about their care and that communication was good. Information that was documented about a person in their support and care plans gave staff a greater understanding of the needs of the person they would be supporting. Staff had a good knowledge of this information

All staff we spoke with told us how they promoted people's privacy and dignity. They told us that they ensured that doors and curtains were closed when supporting people with their personal care and knew it was important to maintain people's dignity. A person told us "Staff treat me with respect and make sure I am covered when they are helping me to wash and dress".

People were supported to maintain their independence. One person told us "The carers try and get me to be more independent". Another person said "Staff try and encourage me to go out". Other comments included "I go out on my own around the shops I just need to sign in and out". One staff member told us, "I encourage and support people to do what they can do for themselves. It promotes confidence and self-worth and makes people feel better about themselves". We saw people going out independently and returning throughout the day. Records we looked at and staff we spoke with told us that there were no visiting restrictions and families could visit when they wanted to. People told us that it was important to them that they maintained contact with their family.

We saw that there was a key working system in place. A key working system ensured that a member of staff had a key role in making sure that the person they were keyworker for received appropriate care and support as specified in their care plan. The registered manager told us that the keyworker on occasions undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person and the staff member.

Compliments received by the service included ""We would like to thank you for all your help and support over the last 11 years for looking after Mum" and "We would like to thank all of you for the help and

kindness shown towards Mum and Dad especially at the end of their lives. It made our lives that much easier knowing they were looked after so well". This demonstrated that people and their relatives spoke positively about the services the care staff at the agency provided.

Is the service responsive?

Our findings

People told us that staff involved them in care planning so they could decide how they wanted their care and support to be delivered. One person told us, "The staff ask me how I want my support". Another person said, "I tell the staff how I want my care". Other comments included "I read my care plan, I agree with it". "The manager supported my care plan and helped me make choices of care times" I have a care plan but I don't look to see what's in it, I trust them- all very kind" and "Yes I have a care plan but I don't look at it very often". Other comments included "They go through everything when you arrive and fill out the care plan" and "Yes they give me information".

People told us their care plans were developed with them after an initial assessment by the agency. The care plans described in detail the support the person needed to manage their day to day health needs. People told us that staff supported them in the way they wanted to. All care records we looked were personalised and confirmed that the care and support provided was how the person wished to be cared for. Staff were knowledgeable about people's needs and gave us examples of how people wished to be cared for and supported. For example, how they made sure that one person who needed hoisting had the correct equipment and how they made sure the person's skin was in good condition. Staff told us they made sure they read the care plans each time they visited to check if there were any changes.

The registered manager told us and record confirmed that they had updated people's care plans and records in accordance with the provider's policy. They told us they carried out care reviews with people and were in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes and this was also written in the handover book for incoming staff. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs.

A social care professional told us "I was impressed with the service in terms of good communication and their proactive approach on how they could prevent hospital admissions. Relatives had good interaction and good relationship with the registered manager and the service as a whole. I have no concerns about the service".

Staff told us and records showed that people had been asked about their spiritual needs and wishes. One person told us they attended church services every Sunday and the registered manager said there was communion service at the scheme once a month for those who wished to attend. Staff confirmed that it was each person's choice if they attended a religious service and where they wanted to and they could be supported with this. This meant that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

Before our inspection we sent questionnaires to people who received services from the agency. Although the responses to our questions were mostly positive concerns were raised about staff timeliness and staff understanding of a sensory condition. We discussed this with the registered manager who told us they

would investigate the concern. The provider also undertook a survey in April 2016 to find out how the people felt about the services provided. The overall satisfaction was 100%.

We saw that a complaints procedure was available in the premises and in the service user's files for people to read and access. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint. Comments made about people making a complaint included "I know where to go if I need to find someone to report anything". "If I have needed to say something I've always told a carer and they have dealt with it" and "I get on alright never complained". We saw there were two formal complaints since our last inspection and nine informal concerns. These had been investigated and the outcome communicated to the complainant.

Is the service well-led?

Our findings

At our previous inspection of 24 and 25 February 2016 we found that improvements were needed in relation to the provider's quality assurance processes. At this inspection we found that improvement had been made in relation to recruitment processes and recruitment procedure was robust and were followed with appropriate checks made to ensure care staff were suitable to work with vulnerable people. We found that adequate numbers of staff were available to meet the needs of people who used the service. This meant that the potential risk that people may not to receive safe care in the way that they required was minimised.

Everyone we spoke with told us they were happy with the service they received and enjoyed living at Hillside Court. Lots of the people told me they had been there at least a year some since it had just opened. People and staff told us that the registered manager was approachable and easy to talk to. Comments included "Manager is good and will deal with any queries". Yes they have come and said hello "However people also told us "Yes I know the manager she makes herself visible but not always free to talk because of her other duties" and I know the manager I seldom see her. We discussed this with the registered manager who told us they would review their schedule to more time available for people who wished see them. Staff told us the registered manager was approachable and supportive. One staff member said "The manager is very approachable. We can talk to them. They are very supportive". Another staff member said "very good can talk to them anytime and they would listen"

The registered manager was supported by their line manager and senior care staff. We found that a positive culture was promoted within the service that was transparent and inclusive. We saw that the registered manager was visible within the service, walking around and speaking to people. We saw that people were comfortable to speak with the registered manager. The registered manager told us they always had an open door policy where people could approach them at any time.

.Audits were carried out to monitor the quality of the service. This included visit records and medicine administration records to ensure they were completed correctly. Staffing, recruitment and training records were also monitored to ensure it adhered to the policy. Unannounced checks to observe staff's competency were carried out on a regular basis. This ensured that staff worked to a required standard. Other methods monitoring the quality of the service included day to day engagement with people involved with the service and all daily discussions with people who used the service and /or their representatives, professionals and staff were recorded. The compliments and complaints record was audited also and reviewed and this enabled action to be taken to improve the service. We saw the provider had undertaken an internal audit of the service on 13 and 14 July 2016 and action plan was in place for all identified issues. For example, the action plan set out that "Management should ensure that a copy of the current identification badge is retained in each staff member's file and " Management should ensure that staff complete all e-learning modules and are set specific targets for completion of outstanding e-learning modules and monitored via staff supervision". Records showed that these had been actioned.

The registered manager had ensured that we were notified of issues that needed to be reported. It is also a legal requirement that the current inspection report and rating is made available. We saw that there was a

link on the provider's website to our last report and rating and this was also displayed within the service. The registered manager 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 improvements they plan to make. The form was returned within the timescale we set and to a good standard. It highlighted areas where the registered manager felt that improvements were needed and the plans for the service to improve within the coming year.

Staff told us they had regular staff meetings where they received guidance on policies and information about new 'customers' and were recognised thanked for doing a good job. Staff were clear about their responsibilities and confirmed to us that it was important to them that people who used the service were looked after well and were satisfied.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "If I was concerned about anything I would report it to the manager and I know it would be fully investigated ". This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.