

Housing & Care 21

Housing & Care 21 - Belsize Court

Inspection report

Belsize Court
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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We undertook an announced inspection on 12 May 2016. The service was registered in June 2015 and this was their first inspection.

Housing and Care 21 – Belsize Court is an extra care scheme. Belsize Court has a total of 63 flats. Thirty-four people using the service were receiving support from staff with their personal care. People using the service were aged 55 years and older, and had a mix of physical and learning disabilities. Both the housing service and the care service were provided by Housing and Care 21.

At the time of our inspection the service did not have a registered manager in post. The provider was in the process of recruiting a new manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recently undertaken a management restructure and in the days prior to our inspection, Belsize Court had been allocated a new operations manager. The operations manager was supporting the team leader to manage the service, whilst the recruitment of a registered manager was being undertaken.

The staff had not consistently identified, managed and mitigated the risks to people's safety. We found that appropriate risk assessments and management plans were not in place in regards to the risk of people falling and risks associated with moving and handling and diabetes care.

Robust systems were not in place to review the quality of service provision. We found that systems were not in place to learn from previous incidents and focus on continuous service improvement. At the time of our inspection information from incidents and complaints was not reviewed to identify any trends or themes.

We found that some care records were not specific to people's individual needs. Some contained incorrect or conflicting information which meant there were risks people might receive inappropriate care.

Staff were aware of people's support needs. Staff liaised with people, their family and reviewed information from the local authority to identify people's support needs, and how people wanted to be supported. People were involved in decisions about their care and were provided with a choice about how they were supported, as well as day to day decisions. Staff respected and maintained people's privacy and dignity.

People were knowledgeable about the people they supported, including their support needs as well as their life history and what was important to them. People and staff had built positive caring relationships. There were opportunities for people to engage in activities they enjoyed as a group and individually. Events were also held at the service to celebrate key dates and religious festivals.

Staff supported people as required with their nutritional and health needs, and with their medicines. Staff

encouraged and respected people's independence but also provided them with the support they required at mealtimes and with meal preparation. Staff were available to liaise with healthcare professionals on people's behalf if they needed support accessing their GP or other professionals involved in their care. For those who required it, staff administered people's medicines and ensured they received their medicines as required. Improvements had been made to strengthen medicines management processes and ensure good practice was followed.

There were sufficient staff to attend to people's needs. People told us that staff stayed the required time to meet their needs. If staff were running late this was communicated with people. In addition to the scheduled visits, there were staff available to respond to people's needs as they occurred. For example, whilst people used the communal facilities and responding when people's pendant alarms were activated.

Staff were supported to develop their knowledge and skills. Staff were required to complete training courses to ensure they stayed up to date with current good practice. Competency checks were in place to ensure staff applied their knowledge when supporting people.

Staff were well supported by their seniors and there was good teamwork. Staff felt able to express their views and opinions, and have open conversations amongst the team. They felt able to approach the management team if they had any concerns and felt supported to manage those concerns.

We found two breaches of the legal requirement requirements relating to safe care and treatment, and good governance. You can see what action we have asked the provider to take to address the breaches at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Staff had not adequately assessed the risks to people's safety, particularly in regards to falls, moving and handling, and diabetes care, to identify and mitigate any risks.

There were sufficient staff employed to ensure people received the support they required, at the time they required it. Staff were aware of their responsibilities to protect people from harm, and were aware of the safeguarding reporting procedures.

People, who required it, received support with their medicines. Medicines management processes had been improved to ensure good practice was followed.

Requires Improvement ●

Is the service effective?

The service was effective. Staff received the training they needed to undertake their role. People felt staff had the knowledge and skills to support them. Staff were aware of the importance to support people in line with the Mental Capacity Act 2005 and ensured people were involved in decisions about their care.

Staff provided people with any support they required at mealtimes and with meal preparation. Staff reminded people of the importance to drink regularly, particular in the hot weather, to minimise the risk of dehydration.

Staff supported people to manage their health needs and access healthcare professionals.

Good ●

Is the service caring?

The service was caring. Staff had built positive caring relationships with people. Staff had got to know people and what was important to them. Staff were aware of people's communication needs and ensured they communicated with people in a way they understood.

Staff ensured people were involved in decisions about their care, and were aware of the importance of offering people choice.

Good ●

Staff respected and maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. Staff identified what support people required and how they wanted this support delivered. Staff were allocated sufficient time to meet people's needs and provide them with the support they required.

Activities and events were held at the service in the communal areas and in people's flats to provide them with stimulation and the opportunity to socialise with other people living at the extra care scheme.

Systems were in place to record, manage and respond to complaints.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. The quality assurance processes were not robust enough to enable analysis of key data to focus on continuous service development and learn from previous incidents. We also found that some care records did not provide accurate and complete information about people's needs.

Staff told us they were well supported by their seniors, and there was good peer support. Staff had opportunities to voice their opinions and felt all members of the team were approachable if they had any concerns. We saw that systems were in place to recognise individual staff contributions.

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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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 May 2016 and was announced. The provider was given 48 hours' notice because the location provides personal care for people who are often out during the day; we needed to be sure that someone would be in. The inspection was undertaken by an 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.

Prior to the inspection we viewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service.

During the inspection we spoke with eight staff, reviewed four people's care records and four staff records. We reviewed records relating to the management of the service and visited two people's flats to check their medicines.

After the inspection we spoke with nine people who used the service, one relative and with a representative from the local authority.

Is the service safe?

Our findings

One person told us, '[The staff] are never rude to me [which] makes me feel safe.' A second person said, 'I'm absolutely safe – they hover when I'm in the wet room in case I fall but let me manage my shower as much as I can.' A relative said, 'My wife is 100% safe with the lovely carers.'

Despite these comments we found that staff had not appropriately considered, identified and mitigated the risks to people's safety. The assessment process was not significantly robust to identify the risks to people's safety. For example, for one person who was registered blind staff had not considered the potential environmental risks and the risks of them falling. For another person who required a mobile hoist and support from staff with moving and handling, the person did not have a risk assessment in regards to moving and handling, or their risk of falling. For a third person who was a heavy smoker. Staff had not considered the risks regarding fire safety. We also saw from people's care records that staff had not considered the risks to people associated with diabetes and to ensure people received the support and information they required to manage the risks to their health. We saw that standardised risk management plans were in place in regards to personal care and infection control. These were not tailored to the individual and there was a risk that people would not receive the individual support they required to maintain their health and safety.

The provider was in breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff were knowledgeable in recognising the signs that a person may have been subject to harm. They were aware of their responsibilities to report and record any safeguarding concerns, and knew how to escalate their concerns to the local authority safeguarding team to help protect people's safety. We saw that previous safeguarding concerns had been reported to the local authority and staff were working with the safeguarding team to follow any advice given to ensure people were protected.

There were sufficient staff deployed to maintain people's safety. A recent recruitment drive had been completed and this meant there was less reliance on using agency staff to cover shifts. We saw that safe recruitment practices were followed, and newly recruited staff had previous experience in a caring role. Many of them had also completed National Vocational Qualifications in health and social care. We saw that appropriate checks were undertaken before staff started work, including obtaining references from previous employers, checking people's identity and eligibility to work in the UK, and completing criminal record checks.

Staff were allocated to 'rounds' so they were aware of who they were supporting on each shift. Staff said these 'rounds' provided clarity and they felt it organised the shifts well. Some people required support from two staff. This was made clear on the staff rota. However, people told us at times the staff did not arrive at the same time and they had to wait for the second staff member to arrive which could lead to delays in receiving support. The senior care assistant undertook ad hoc checks to ensure that staff were supporting people at the times stipulated in their care records. If staff were running late because they needed to spend additional time with another person, this was communicated to the senior care assistant so they could

either arrange cover or communicate the delay with the person waiting.

People told us they received support from staff to manage their medicines. One person said, "They [the staff] take it from the blister packs, hand it to me and wait while I take the tablets." We saw that people's support plans identified what support people required with their medicines. All medicines administered were recorded on a medicine administration record (MAR). Previously there had been concerns that people did not receive their medicines as required. We saw that increased monitoring had been implemented to ensure people received their medicines as prescribed. Two people agreed for us to visit them in their homes to check their medicines. We saw that these people had received their medicines as prescribed and the stocks of medicines were as expected. We saw there had previously been concerns that staff were not correctly recording all the medicines administered on the MAR and there were gaps identified on the MAR. These concerns had been discussed with the staff involved and the more recent MARs we viewed had been completed correctly.

Is the service effective?

Our findings

People told us they felt staff had the knowledge and skills to provide them with the care they required. The provider had a programme of training courses in place to ensure staff's knowledge and skills stayed up to date and in line with current good practice. When starting employment staff completed a 12 week induction programme and shadowed more experienced staff. Staff we spoke with felt the induction was thorough and enabled them to familiarise themselves with the provider's policies and procedures, and the support needs of people using the service.

Staff completed face to face training, and were also required to complete competency tests to ensure they had understood what was taught. Some of the competency tests were undertaken through observation including medicines administration and moving and handling. Other competency tests were undertaken through completion of an online training tool. Training the provider considered mandatory for this service included; fire safety, health and safety, infection control, food hygiene, safeguarding adults, dementia and the Mental Capacity Act 2005. Staff spoke highly of the training available and felt it equipped them with the knowledge and skills to undertake their role.

The management team supervised the staff quarterly, or more frequently if required, to ensure they had the support they required to undertake their role. This included the opportunity to meet to reflect on their performance, discuss training needs and to discuss any concerns they had. In addition the team leader directly observed staff to identify if they needed any additional support to meet people's needs.

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.

The staff we spoke with were aware of the importance of involving people in their care and ensuring they did not provide support without the person's consent. Staff were aware of who had the capacity to consent to decisions and who they wanted involved in decisions about their care, for example a family member. If staff were concerned about a person's capacity to consent to decisions they liaised with the person's social worker or the local authority.

Staff provided people with any support they needed at mealtimes and with meal preparation. The care records we viewed identified what level of support people required with their meals and staff were able to describe to us what support people needed to ensure their nutrition and hydration needs were met. People were able to choose whether to have their meals in their own flats or make use of the communal restaurant at the extra care scheme. One person said, "Food is excellent and if it's fried I can't have it so they steam mine. They do a breakfast twice a week and will plate a tea if you can't manage your own. The standard is very high." We observed, for those who ate their lunch in the restaurant that they received the support they needed from staff to cut up their food at mealtimes. Staff also told us that adapted crockery and cutlery

were available for people to use to help maintain their independence and protect their clothes. For example, people with a visual impairment were provided with plate guards to stop their food from falling off their plate.

The day of our inspection was a hot day. Staff went to people's homes to remind them to have plenty to drink and to offer to make drinks for those who were unable to do this independently. This minimised the risk of people becoming dehydrated.

Staff supported people to manage their health needs. For people who required additional support, staff liaised with and made appointments with healthcare professionals on people's behalf. People were able to have their primary healthcare needs met at the extra care scheme, including having home visits from their GP, district nurse and domiciliary visits from dentists, opticians and chiropodists. Staff told us if they had any concerns about a person's health this was discussed with the management team and the person's family so that appropriate support could be sought.

Is the service caring?

Our findings

People liked the staff who supported them. One person said, "We have a laugh and they know what I need." People told us they did not always get support from the same staff, but that this did not affect the standard of care they received, and they were still able to build positive caring relationships with staff. One person told us in regards to consistency in staffing, "[There's] always different [staff] but I don't mind that as they are all lovely. They are courteous and kind." Another person said, "Lots of different carers but I don't mind – they're all very nice and they always come – they are reliable." One person particularly liked having different staff support them as they liked to have the social interaction and get to know more people.

Staff had gathered information about the people they were supporting. This included information on their family and life history, previous occupations, their hobbies and interests. Staff told us they used this information to engage people in conversations about topics they were interested in and to participate in activities they enjoyed.

Staff involved people in their care and supported them to make choices about the support they received and how it was delivered. One person told us, 'I do feel involved with my care and can say if I don't like something. Another person said, "I pick my clothes and they help me to dress." A third person told us, "[The staff] they select things and help my wife to choose by showing her and waiting for her to indicate a preference." Staff were aware of the importance of involving people in decisions. The care records we viewed highlighted the importance of offering people choice and ensuring that staff delivered support in line with people's preferences.

Staff were aware of people's communication needs, for example, if they had hearing or sight impairments. Staff told us they ensured they spoke to people in a way they understood, including using short and clear sentences. One person said staff knew them and informed them of what support they planned to provide. They said, "They [the staff] are there for you and know me. They tell me what they are doing."

Staff supported people to protect their privacy and maintain their dignity. One person said, "They [the staff] treat me with respect." We observed staff respecting people's privacy and only accessing people's flats with their permission. Staff told us about how they respected a person's privacy whilst providing personal care, by using a towel to cover people's modesty and waiting outside a person's bathroom whilst they adhered to the aspects of their personal care they were able to do independently. Another person said, "They treat me very well, with dignity – they care for everything I need."

Is the service responsive?

Our findings

People received the support they required with their personal care. One person said, "They [the staff] help me to shower and are so nice and gentle."

The provider supported a number of people with a range of different needs. A member of the management team undertook an assessment to identify what people's needs were. This included reviewing the information from the local authority about how many visits people needed and what support they required at those visits. Staff liaised with people to discuss this information and to identify what level of support they needed and how they wanted this delivered. Plans were developed to instruct staff about people's support needs.

The service had a model of care which enabled a flexible and responsive service to be delivered. A 'flex' service was delivered to meet people's scheduled and allocated visits. A 'core' service was available to respond to people's unexpected needs. This included supporting people who required it whilst using communal areas, and in response to pendant alarms being activated.

People told us staff stayed the allocated time of the visits to meet their needs. If they were running late then this was communicated to the person waiting. One person said, "They [the staff] stay as long as needed. If they are held up, may be a problem with someone else and they are delayed more than 5mins or so, then someone will ring me to let me know – I appreciate that."

There were opportunities for people to be involved in activities. One person said, "The lady who arranges things will help with anything; you only have to ask." A member of staff was allocated to lead on activities at the extra care scheme. Group activities were provided in the communal lounge including sing- alongs, bingo and arts and craft. There were also opportunities for one to one activities being provided in people's flats. This ensured people, who wanted to, had the opportunity to engage in activities and provide people with social stimulation. As part of the activities programme the service was setting up a book club. With the person's permission, the first book to be read and discussed was an autobiography written by one of the people using the service. The staff felt supporting people to read this book would help to break down the barriers and perceptions amongst people about different disabilities.

The staff also arranged for people from the local community to come to the service. This included organising for local companies to have market stalls at events held at the service, including fetes to celebrate important dates.

People had the opportunity to feedback about the service through completion of a satisfaction survey. At the time of our inspection, people had recently completed the survey but the findings had not yet been analysed.

A complaints process was in place. People we spoke with were aware of how to complain and all the people we spoke with told us they would feel comfortable speaking with the team leader if they had any

complaints. One person said, they had previously fed back to the management team about a concern they had and this was dealt with promptly. We viewed the complaints received and saw that these were investigated and responded to appropriately and promptly.

Is the service well-led?

Our findings

People were aware of who the team leader was. One person said, "The man in charge is an absolute darling."

The service did not have a registered manager. This vacancy and the recent change in operational management meant there had been a lack of consistent management oversight at the service.

The service did not have sufficient systems in place to review all aspects of service delivery and ensure a focus on continuous improvement. Whilst we saw that audits were undertaken on medicines administration and completion of log books and spot checks were completed to review the quality of support staff provided, systems were not in place to review key data including complaints, incidents and accidents to identify any learning and areas for service improvement. The provider had plans to incorporate analysis of incidents and complaints as part of the quality review but this was not in place at the time of our inspection.

We also saw that the current systems to review the quality of care records were not robust enough to identify the concerns we found in regards to identifying and mitigating risks to people's safety.

Accurate care records and information about people were not always maintained. We saw that some information in people's care records was incorrect and that other records contained conflicting information. We also identified that the phone numbers provided to us for people using the service were not always correct and therefore the service did not maintain correct contact details for the people they supported.

The provider was in breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The registered persons were aware of their responsibilities to adhere to their Care Quality Commission registration requirements. We saw that staff at the service had been informed to submit statutory notifications in response to key events at the service. We identified that one allegation of abuse had been overlooked and a notification had not been received. When we brought this to the staff's attention they submitted a notification on the same day.

Staff felt well supported by the management team in place. They felt able to express their views and opinions and that these were listened to. They felt able to approach their seniors if they had any concerns and felt the management team supported them to manage and address those concerns. Staff also felt supported to progress and develop within their career. One staff member said in regards to the team leader, "He pushes me in the right direction."

The staff we spoke with also said they felt well supported by their colleagues. They said there was good team working and good communication within the team. They felt able to speak with their colleagues and ask for advice if they were unsure about any aspects of their role. They felt staff morale was improving and the staff we spoke to enjoyed working at the service.

There were opportunities for managers from the provider's other extra care schemes to meet and discuss current practice. This gave them the opportunity to discuss with their peers any concerns or challenges the service has, and also to share good practice.

There was a system in place to acknowledge and recognise staff's individual contributions to the service. People and staff told us there was a system in place for people to nominate a staff member who had gone above and beyond their duties and they were provided with a 'carer of the year' award.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured that people were protected from unsafe care and treatment as they had not sufficiently identified and mitigated the risks to people's safety. Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured that effective systems were in place to monitor and improve the quality of the service, and to ensure risks to people were identified and mitigated. Accurate care records were not maintained. Regulation 17 (1) (2) (a) (b) (c)</p>