

## Housing & Care 21

# Housing & Care 21 - Paddy Geere House

### Inspection report

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Date of inspection visit:  
16 November 2017

Date of publication:  
22 January 2018

### 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

Housing & Care 21 - Paddy Geere House provides personal care to people living in their own flats within an extra care housing complex. At the time of our inspection there were 38 people using the service.

During our last inspection on 25 March 2015, the service was rated Good. At this inspection we found the service remained Good.

The service has a registered manager. A registered manager is a person who has registered with the 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 using the service told us that they felt safe. There were systems in place designed to safeguard people from the risk of possible harm. Personalised risk assessments were completed and updated as required.

The service continued to have robust recruitment procedures in place. There were sufficient staff on duty to meet people's needs. Staff had received training in the safe storage, recording and administration of medicines.

Staff understood their roles and responsibilities in relation to infection control and food hygiene and they had received training in these areas.

Staff were knowledgeable and competent in their roles and were supported by way of supervision and appraisals, to provide feedback on performance and plan future personal development.

People were supported to maintain choice and control over their lives and staff supported them in the least restrictive way possible. People were supported to maintain their health and well-being and to access health care services.

Staff were kind, respectful and maintained people's dignity and privacy. Positive relationships existed between people and staff. The staff were knowledgeable about the people they supported.

People were involved in planning their support and deciding how they were supported. People had detailed care plans, which reflected their needs and had been reviewed at regular intervals and after significant events.

People and staff knew how to raise concerns. Information regarding the complaints procedure was available in the reception area of the service. The service had a consistent process for receiving and recording complaints, concerns and compliments.

Quality assurance processes were in place. Feedback on the service was encouraged and people were provided with frequent opportunities to express their views on the care and support they received.

There was an open culture. People and staff found the registered manager supportive and approachable. The service sought the advice of other organisations upon management and quality assurance.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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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 comprehensive inspection took place on 16 November 2017 and was announced. We provided 48 hours' notice of the inspection because the location provides a service to people in their own homes. We also needed to be sure that staff would be available during the inspection and that records would be accessible. The inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we received about the service including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six people who used the service and one relative. We also spoke with the registered manager and two senior staff and four care staff.

We looked at five people's care records. We reviewed four staff recruitment files, the staff duty rota and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

During our last inspection on 25 March 2015, this key question was rated as Good. At this inspection we have judged that the rating remains Good.

People told us that they felt safe. One person said, "I have never had a worry, [the staff] come quickly if I press the alarm." All the members of staff we spoke with demonstrated a clear knowledge of their responsibilities in relation to safeguarding people. Records confirmed that staff had received training on safeguarding procedures. One member of staff told us, "The abuse training was good, very detailed. I know what I need to do, the policy is always out for me to check if I need to."

Personalised risk assessments were in place for each person. These were monitored and gave guidance to staff on any specific areas where people were at risk. Assessments seen included risks in relation to specific health issues and well-being, personal safety and mobility needs. Therefore people were protected and supported appropriately.

There were sufficient numbers of staff on duty at the times required to support people with their specific needs. The registered manager confirmed that staffing levels were monitored and adapted based upon the assessed needs of each person being supported by the service. One person told us, "I get help when I need it and get my regular [staff], that's important to me."

Staff were recruited following a robust procedure. The recruitment files we reviewed showed that relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff had been completed. This showed suitable staff were appointed.

The service continued to have safe systems in place to manage people's medicines safely. People continued to receive appropriate support to assist them to take their medicines safely, if they needed it. Medicines were only administered by staff that had been trained and assessed as competent to do so.

A review of the daily records showed that staff were recording when medicines had been given. Where issues with medicines had been identified by staff they had been reported and appropriate action taken, thereby keeping people and their medicines safe.

We saw that there were policies and procedures in place and staff had the training they required to help maintain good infection control and food hygiene practices. Staff understood their role in relation to infection control and had access to the equipment they needed to protect the people they supported and themselves against cross contamination.

# Is the service effective?

## Our findings

During our last inspection on 25 March 2015, this key question was rated as Good. At this inspection we have judged that the rating remains Good.

People's care records showed that their physical, mental health and social needs had been fully assessed before they started using the service. If assessed as necessary, outside professional support was sought to offer support and to develop people's care plans.

People continued to receive support from staff that were knowledgeable and had received training in how to support people with their assessed needs. One member of staff told us, "The induction gave me the confidence I needed to do my job and we are introduced to people before we start working with them." Another member of staff told us, "I have all the training I need, I get top up training every year."

Training records showed that staff had completed the required training identified by the service and further courses were available to develop their skills and knowledge. Staff told us they had worked towards their Care Certificate. Staff continued to receive support in their roles from regular supervisions and appraisals.

People's needs in relation to food and fluids were recorded in their care plan, if people needed support with their daily food and fluid intake. People told us they were supported with preparing meals by the staff where required. Staff we spoke with told us that they were aware of the different support people required in relation to their food and drink. We saw that people's care plans identified their choice of favourite foods and any allergies or foods they did not like.

The service worked well with other service providers to ensure the people they supported received the help and support they needed to maintain a good lifestyle and to promote their wellbeing. The registered manager had a very good working relationship with the manager of the accommodation providers. The register manager told us how important they considered it to be that they were able to communicate easily with the organisation that managed and maintained the accommodation the people they supported lived in. They told us, "We work well together, I will pass on information to them and if they have any worries about people's care they talk with me."

People were supported to maintain good health. We noted from the care plans and daily records that people were supported to access the services of health care professionals, such as their GP, practice nurse and chiropodist when required.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us that they had received training on the requirements of the MCA and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support.

We saw signed consent forms in care plans that evidenced that people had given consent to receive the care and support provided to them. One person told us, "I couldn't ask for more, we work together as a team."



# Is the service caring?

## Our findings

During our last inspection on 25 March 2015, this key question was rated as Good. At this inspection we have judged that the rating remains Good.

People told us that they were happy with the support they received and that staff were kind and helpful. One person said, "We've got lovely carers here. [The registered manager] is wonderful." Another person told us, "The carers will do whatever they can to help you." They went on to say that once they needed help just when the night staff were going off duty, but they insisted on staying to help. The person said, "They didn't mind at all. They are all really lovely, including [the registered manager] and the seniors." Another person told us, "The carers are full of life. You can have a laugh with all of them."

Staff spoke positively about working with the people at the service. One member of staff told us, "I get so much out of these people, I learn from them."

People told us the choices they made were respected. We saw evidence that people were included in making decisions about their care. People and their families were invited to take part in their care reviews, the care plans were signed by the person involved. One relative told us, "I have seen my [relative's] care plan and was asked if I wanted anything changed. It didn't need any changes, it was spot on."

People told us they felt comfortable with all of the staff and had developed good relationships with each staff member. People commented that staff were not rushed and were able to spend time to stop and chat, listen to them and answer any questions they had. One staff member said, "During my induction training it was made plain that we were expected to do our best to answer questions and find someone who could if we didn't know the answer." Throughout our inspection we saw the registered manager stop to talk with people, ask how they were, answered questions. People felt comfortable enough to go to the office if they needed information and were welcomed in.

We observed that staff were respectful and treated people with privacy and dignity. One person said, "I am a private person, but it's reassuring to know they [staff] will contact my family if I need them." One person's relative told us, "[Staff] treat my [relative] like they are their own family. They know that [they] like to look nice so help [them] change if [they] drop food." People told us the staff protected their dignity especially when providing personal care and support. We observed conversations where people were spoken to appropriately by staff and that all staff sought permission from people before entering their flat or individual room.

Staff continued to be aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission and ensured the safe storage of records.

## Is the service responsive?

### Our findings

During our last inspection on 25 March 2015, this key question was rated as Good. At this inspection we have judged that the rating remains Good.

People's care plans continued to identify the support they needed and how this was to be provided. One person said, "[Staff] know what I need and how I like it done."

The care plans were person centred and were clearly written with the person involved. They contained sufficient detail to allow staff to be familiar with people's needs and know how they preferred to be supported. People confirmed that they continued to be involved in planning their support. One person said, "They [staff] are always checking with me. There is a male carer. They asked if I minded having him, I didn't." A member of staff told us, "The care is centred around the person and we use a plan called 'This is me' to capture and record the personal details." This showed us that people were involved and received personalised care.

Staff told us that they were kept informed of changes in people's needs through shift handover, meetings or by reading the updated care plans. Staff confirmed that a senior member of staff was always available if they had any questions or concerns regarding a person's care and support.

People were aware of the complaints procedure or who to speak to if they had concerns. One person told us, "I would speak to the manager and they would sort things out for me." A relative told us, "[The registered manager] sorts things immediately."

There was an effective system for managing feedback. We saw that where complaints had been made they were logged and the action that had been taken recorded. Where compliments were received we saw that this was also recorded and then shared with the individual staff member or team. This demonstrated how the registered manager used feedback as opportunities to monitor and make improvements to the service.

## Is the service well-led?

### Our findings

During our last inspection on 25 March 2015, this key question was rated as Good. At this inspection we have judged that the rating remains Good.

The service had a registered manager. A registered manager is a person who has registered with the 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 that the registered manager was open and supportive if they needed help or advice and that they were able to direct them to the right people if their questions were not within their remit or contact them on their behalf if they were unable to.

Staff told us that the registered manager provided them with consistent support and guidance and was actively involved in the running of the service. The registered manager was supported by an area manager and knowledgeable staff. A member of staff told us, "[The registered manager] and the senior staff all muck in if we need extra hands, like this morning we had two people who needed ambulances. That would have made things difficult if they hadn't helped out." Another member of staff told us, "It's easy to get help out of hours, there is a clear on-call system in place."

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally in supervision, team meetings and informally through discussions at handover or whilst on shift with the registered manager. Staff also told us the service had an open culture and they were encouraged to discuss their work and any concerns.

There was a system for monitoring the service provided to people which included audits of care records such as care plans, risk assessments and daily visit records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of medicine administration records.

We saw that regular feedback was sought from people, relatives and staff. The registered manager used this to evaluate the effectiveness of the service and the level of satisfaction of people and staff. This demonstrated how the registered manager used feedback and information from a variety of sources to drive future improvement in the service.