

## Housing & Care 21

# Housing & Care 21 - Beckwith Mews

### Inspection report

Seaham Street  
Silksworth  
Sunderland  
SR3 1HN

Date of inspection visit:  
22 March 2016  
30 March 2016

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 22 March 2016 and was unannounced. A second day of inspection took place on 30 March 2016 and was announced. The service was last inspected on 14 November 2013 and met the regulations we inspected against at that time.

Beckwith Mews is registered to provide personal care to people living in their own flats within an extra care housing complex. There are 39 flats within the scheme and at the time of the inspection there were 25 people in receipt of a care service.

The service had a registered 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.

During this inspection we found the provider had breached two regulations. Some records were inaccessible and could not be located by the housing and care manager and senior staff. The registered manager did not actively manage the regulated activity as they were based elsewhere and only routinely visit the service every four to six weeks.

Staff had a good understanding of safeguarding and were confident in their role of safeguarding people. Any safeguarding concerns were investigated with the outcomes fed back and practices changed if necessary in order to prevent reoccurrences.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews.

Medicines were managed effectively with people receiving their medicines appropriately. All records were complete and up to date with regular medicine audits being carried out.

Staff were recruited in a safe and consistent manner with all necessary checks carried out. Staffing requirements were assessed in line with peoples' needs. From staffing rotas we saw staffing levels were consistent and staffing cover was provided by existing staff.

Staff had up to date training and competency assessments were carried out in relation to specific areas, including the management of medicines. Regular direct observations were carried out in between supervision sessions. Staff told us they received annual appraisals.

People had access to a range of health professionals when required, including GPs, district nurses, podiatrists and occupational therapists.

People were supported to meet their nutritional needs, including where people had special dietary needs.

People had their needs assessed which included staff gathering information about people's care needs and preferences. Personalised, up to date care plans were in place to guide staff as to how people wanted their care provided.

People told us they knew how to make a complaint and would feel comfortable in doing so. They confirmed they had no complaints about the care they received.

A range of regular audits were carried out that related to the service the home provided, as well as the premises and environment.

## 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 well looked after.

Staff understood the principles of safeguarding people and were confident in their role.

People's risks were assessed and managed.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff told us they received regular supervisions, competency checks and annual appraisals.

Staff had up to date training in areas such as safeguarding, dementia, moving and handling and medicines management.

People had access to health care professionals and were supported by staff to make appointments where necessary.

People's nutritional and specific dietary requirements were met.

### Is the service caring?

Good ●

The service was caring.

People told us they were happy at the service and staff were friendly.

Staff treated people with respect and interaction was friendly.

Information was available should people require advocacy support.

### Is the service responsive?

Good ●

The service was responsive.

People felt staff knew their needs and supported them effectively.

Care plans were personalised, regularly reviewed and were reflective of people's needs.

People told us they knew how to raise concerns if they were unhappy but had no complaints about the care they received.

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### **Is the service well-led?**

The service was not always well-led.

The registered manager did not actively manage the regulated activity.

Some records were unavailable as they could not be located.

Staff told us they felt enabled to raise issues and contribute to the development of the service. Staff meetings were held and management operated an open door policy.

Regular audits were carried out to monitor the quality of service.

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**Requires Improvement** ●

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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 22 March 2016 and was unannounced. A second day of inspection took place on 30 March 2016 and was announced. One adult social care inspector carried out the inspection.

Before the inspection, 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. We also asked the provider to complete a pathway tracking tool as part of the housing with care pilot we were conducting. This tool would allow us to identify specific people and areas to focus on during the inspection. The provider returned the main PIR document but did not return the pathway tracking tool prior to the inspection and we took this into account when we made the judgements in this report.

We reviewed information we held about the service, including 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 also spoke with the local authority commissioners for the service.

We spoke with five people who used the service. We also spoke with the registered manager, the acting manager, the previous acting manager, one senior support worker and two support workers. We looked at the care records for five people who used the service, medicines records for five people and recruitment records for five staff.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. One person said, "Yes I feel safe that's one of the main things. Staff have keys and can get in quickly to see me." Another person told us, "I feel safe and my family know that I am safe and happy."

Staff showed a good understanding of safeguarding adults and knew how to report concerns. They were able to name different types of abuse and describe potential warning signs they would look out for, such as changes in a person's usual behaviour. Staff said if they were concerned about a person they would report it straight away. One member of staff gave a specific example when they had reported concerns to the care team leader about a person they suspected was being financially abused. They explained that the care team leader investigated their concerns and resolved the issue. A safeguarding referral to the local authority was not required. We viewed the registered provider's safeguarding log which confirmed concerns had been reported to the local authority safeguarding team and investigated in line with the agreed procedure.

The registered provider had a whistle blowing policy in place. Staff told us they were aware of the policy and knew how to use it. They told us they felt concerns would be dealt with appropriately. The whistle blowing policy was readily available and accessible to staff.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed by the care team leader or senior care workers. All identified risks had appropriate care plans in place which detailed how people should be supported to manage those risks.

In addition to people's individual risk assessments there were a range of generic risk assessments in place for premises and the environment. For example, infection control, fire, legionella and slips, trips and falls. All risk assessments we viewed had been reviewed on a regular basis to keep them up to date and relevant to the service.

Fire evacuation procedures were on display in communal areas. Each person had a personal emergency evacuation plan (PEEP) in place. The service operates a Stay Put policy where people are advised to stay in their flat until they are advised otherwise. PEEPs included information about each person's level of mobility, breathing difficulties, any equipment required and support each person required to evacuate the service safely.

Records confirmed medicines were managed safely. We viewed the medicine administration records (MARs) for five people. All records were completed accurately, with staff signatures to confirm medicines had been administered at the prescribed dosage and frequency. Competency checks were completed regularly to ensure staff administering medicines were safe and experienced to do so. Regular medicines audits were carried out by the care team leader to identify any medicines errors. Where errors had been identified the care team leader investigated and took appropriate action. For example, had formal discussions with staff members and arranged for further training and competency checks.

Records in staff files demonstrated staff were recruited with the right skills, experience and competence. Recruitment checks had been completed before new staff started working with vulnerable people. This included checks on their identity, occupational health, reference checks and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

There were enough staff to meet people's needs. One person told us, "The girls always say, if you need anything you've got your buzzer, just give us a call. I have had needs during the night, I've buzzed for staff and they've come quickly." Another person told us, "Sometimes when they come in and there's some time left when they've finished (providing support) they don't just go straight away. They'll sit and chat with us so they're here for the full half an hour."

Staff also confirmed there were enough staff. One staff member said, "Now there's enough staff with the three new staff we're getting." The housing and care manager told us they had recently recruited three new care workers who were due to start soon. Current staff had been covering additional hours to ensure people received their care. At the time of our inspection one senior care worker was on long term leave. The housing and care manager informed us that one of the care workers had completed additional training and was due to cover the senior role from 4 April 2016. There was no evidence to suggest the absence of the senior care worker had impacted on people as they continued to receive their care.

The registered provider had an electronic system in place to calculate staffing requirements. The 'floor plan' system contained a list of people who receive care and support, the times support is to be provided and the type of support required. For example, personal care, medicine administration or companionship. We saw from viewing staff rotas staffing levels were consistent.



## Is the service effective?

### Our findings

People told us they felt supported and cared for by staff. Training records showed staff had up to date training in safeguarding, dementia, Mental Capacity Act (MCA), moving and handling and medicines management. The registered provider had an electronic system called 'FRED' that was used to track when refresher training was due for each staff member. The housing and care manager told us this was a new system that had recently been introduced.

Staff told us and records showed they received regular supervisions. Staff told us they found supervisions useful. One staff member said, "It keeps us right." Supervisions covered a whole range of areas including duties, building security, confidentiality and training. Agreed actions were recorded and were followed up in the next supervision sessions. Some supervision sessions included quizzes which allowed the manager to test staff member's knowledge of specific areas such as infection control. Staff told us they received annual appraisals and they felt these were useful to discuss their progress and 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.

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. We checked whether the service was working within the principles of the MCA. Staff had a good understanding of their role in supporting people with decision making. The housing and care manager informed us that every person who received care had capacity to make decisions. However, when speaking with care staff, they told us of one person who didn't have capacity to make specific decisions. We saw from viewing care records that relatives supported the person with making decisions about their care and support. However, we did not see evidence within people's care records of MCA assessment and best interest decision having been done. We spoke to the housing and care manager about this. They told us the person's relative had power of attorney. This was recorded in the care file but there was no evidence of the documentation.

People had access to external health professionals and were supported by staff to make appointments as and when required. Records confirmed people had regular input into their care from a range of health professionals including GPs, podiatrists, district nurses, occupational therapists and the warfarin clinic.

People were supported to meet their nutritional needs. One person said, "They take me shopping on Wednesdays and Fridays and they sort all of my meals out for me." Another person said, "Staff make my dinner. They come in and ask me what I want to eat. If I'm not sure they'll me what food I have in so I can choose." They went on to say, "I sometimes go downstairs for my lunch. Staff take me down and bring me back or you can order and they'll bring it up." The housing and care manager told us people had their meals in their own flats or in the communal cafeteria. Staff supported people to prepare meals as and when

required, in line with individual care plans. They also told us, "If people were running low on food and they were supported by family, staff would contact family members to inform them."

## Is the service caring?

### Our findings

People we spoke with told us they were happy with the care they received at the service. One person said, "It's beautiful here. I'm getting really well looked after. I couldn't not be pleased with the care. I praise them [staff] because they are honestly great." Another person said, "Staff are very nice and that's very important because you spend more time with them."

We observed staff members treated people with respect. We saw staff always knocked on doors before entering people's flats. In the communal areas we saw staff greeted people by their name and spoke to them in a friendly, familiar manner. Staff we spoke with understood the importance of treating people with dignity and respect and gave examples of how they delivered care in a dignified and respectful manner. For instance, closing people's curtains when supporting them to get dressed or undressed.

Staff supported people to meet their individual preferences. One person said, "Staff get me up early on a morning because I'm not sleeping much. They help me to shower and get dressed. They'll have a cup of tea ready for me and a couple of slices of toast then they give me my medication." Another person told us, "They help me to brush my teeth, get washed and dressed and get my breakfast."

Staff members had access to information in people's care records about their preferences, including their likes and dislikes. People's individual flats were decorated and personalised to their own individual tastes. We observed family photos, ornaments, pictures and furniture in their living rooms.

Staff supported people to help them maintain their emotional wellbeing. One person told us, "As far as the staff are concerned they're all lovely. I like having them here for the company." Another person said, "Staff listen and they're talkative. We get on friendly with them all." A third person told us, "I have a good chat with staff. They're always nice." We viewed one person's care records and saw that they received companionship support from staff. This included whatever the person wanted to do. For example, have a cup of tea and a chat in the communal lounge or their own flat.

The care team leader told us they completed daily wellbeing checks for every person. They explained that they contact each person by telephone and have a quick chat to make sure they're well. If they don't get an answer they'll try again a little later. If they are still unable to speak to people over the telephone two members of staff would visit people in their flats. If people are out all day or are away, this is recorded on the daily wellbeing log to document why they have been unable to speak to someone.

People were supported to maintain contact with friends and family members outside of the service. One person said, "My brother comes to visit me twice per week, we have lunch downstairs (in the cafeteria) and my son takes me out on a Saturday."

At the time of the inspection no one required the support of an advocate. The housing and care manager informed us that if anyone did require the use of an advocate they would support them to access the service.

## Is the service responsive?

### Our findings

The service was responsive to people's needs, wishes and preferences. When asked if the service was responsive one person we spoke with said, "Yes definitely, they know my needs and they respect my wishes. I moved in here, it's the best thing I've ever done." Another person told us, "They know what you need without you having to ask."

People had their needs assessed prior to receiving care and support. The assessment was used to gather personal information about people to help staff better understand their needs. This included any spiritual needs people had, a medical history, a life history and their existing support network. The assessment also included communication needs, finances, daily living skills, medicines and the person's social interests and aspirations. For example, one person's aspiration was to adopt a healthier lifestyle. The assessment also included details of people's likes and dislikes. For instance, one person liked to drink cups of tea medium strength, with milk and one sugar.

People had a range of care plans in place to meet their needs including personal care, nutrition and hydration, medicines and mobility. Care plans were personalised and included peoples' choices, preferences, likes and dislikes. For example, one person's personal care plan stated a specific day they wanted a bath instead of their daily shower. Care plans contained relevant detail to guide staff how to meet the specific needs of each individual.

Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we reviewed were up to date and reflected the needs of each individual person. People told us they felt involved in the planning of their care. One person we spoke with said, "I feel in control of my care. They involve me in reviews." Care records showed people were involved in care plan reviews as well as their social worker, key worker and the care team leader.

People knew how to raise concerns if they were unhappy about the care they received. One person we spoke with told us, "I've never had any complaints. If I ever did I would complain to the staff (themselves) or to the staff in the office." Another person commented, "I would speak to [care team leader]." We viewed the registered provider's complaints log which contained no recent complaints about the service. The last complaint recorded in the log was received in January 2015. Complaints received had been investigated and appropriate action was taken. A copy of the registered provider's complaint procedure was made available for people to view.

There were regular meetings with people to introduce any new staff, provide updates on the scheme, discuss any issues people may have and ideas for future activities. At the last residents' meeting people had discussed the scaffolding around the building and an idea to have a fish and chip supper in the communal lounge. During the inspection a meeting took place in the communal lounge and was very well attended.

## Is the service well-led?

### Our findings

The service had a registered manager who had been in post since February 2016. This post was in place to cover the established registered manager who was on long term leave. During the inspection we noted the registered manager was not visible within the service as they managed a number of other services also. We contacted the registered manager following the inspection who informed they routinely visited the service every six to ten weeks to complete quality audits. They also informed us that they met with the service manager on a monthly basis. This meant the registered manager was not able to carry out daily management of the regulated activity.

This was a breach of Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we found some records were unavailable to view as they could not be located by the housing and care manager or the senior care worker. We asked to see staff appraisal records as they were not evident in staff files. We also requested to see the falls file as one person we spoke with told us they had suffered a fall recently and fractured their hip and there was no record of this in the accident book. The housing and care manager informed us it would be recorded in the falls file but they couldn't provide this evidence.

Before the inspection, 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. We also asked the provider to complete a pathway tracking tool as part of the housing with care pilot we were conducting. This tool would allow us to identify specific people and areas to focus on during the inspection. The provider returned the main PIR document but did not return the pathway tracking tool prior to the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We noted the registered provider had not submitted a statutory notification for the person who had suffered the serious injury. The housing and care manager was unaware of the incident being new to the service. We discussed this with the previous manager who was based at another location and they couldn't explain why it had not been submitted. Following the inspection we discussed the issue with the registered manager. The registered manager informed us that they had been made aware of the issue by the housing and care manager. They planned to investigate the matter and submit a notification once they had the information. We are dealing with this outside of the inspection.

People told us they were concerned about changes in management as there had been a number of changes recently. One person said, "There is an issue as we're onto our fifth manager." Another person told us, "I just think they want a good settling down with staff and managers. We noted the permanent housing and care manager and the care team leader were both on long term leave. A temporary housing and care manager

had been seconded into post to cover the role. The care team leader's duties were covered by two staff from other locations on two days of the week and the senior care worker for the remaining three days.

People told us they had met the new housing and care manager and thought they seemed nice. They told us they still felt safe but the changes had made them feel unsettled. People did acknowledge that the current management arrangements were temporary and the previous housing and care manager and care team leader would be returning to the service.

The service regularly sought views from people and their relatives in relation to the quality of the service. Surveys were sent out each month to a percentage of people receiving services and those returned were analysed by the manager to identify any areas of development. Surveys covered areas such as staff punctuality and attitude, activities, management and premises. Feedback received about staff and the service was mostly positive. We noted one person commented, 'Staff take time to listen to needs.' We saw issues raised were actioned by the manager. For example, one person raised a confidentiality issue with a member of staff. The manager addressed the issue with the staff member and noted for additional training to be completed.

Staff used a communication book during staff handovers. This was used to record things that happened on a daily basis and to direct staff to read specific people's care records. This helped staff keep up to date with people's changing needs or provided an update on a specific event. For example, we noted in the communication book that one person had a restless night due to feeling unwell. They had received additional calls from staff during the night. The GP had been contacted and was due to visit the person later that day. Staff told us they read the communication book at the beginning of their shift.

Staff told us they had regular meetings where they had the opportunity to give their views about the service. During the inspection we viewed minutes from staff meetings. We saw areas discussed included changes in procedures, records, the building and any issues with the service.

The registered provider had systems in place to check on the quality of the care people received. Checks carried out included fire safety checks, medication audits and whether care plans and risk assessments were detailed and up to date. Specific spot checks were carried out on staff and included general appearance of the carer, whether they wore their identity badges and if they followed infection control protocol. Other areas included documentation, medication prompted or administered and overall performance of the staff member whilst providing support to people. Any actions identified were followed up. For example, one care worker was not wearing their identity badge as they said they couldn't find it. The care team leader instructed them to have another look and to tell the senior care worker if they still could not locate it and a new badge would be issued.

The registered provider kept a log of compliments received by the service. One compliment received by a relative of person who used the service said, 'Thank you for the care and love you have to our dad in the time he was with you, much appreciated.'

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not have accessible records of staff appraisals or falls people had suffered. Regulation 17 (2)(d)
Regulated activity	Regulation
Personal care	Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers  The registered manager did not actively manage the regulated activity within the service. They visited the service every six to ten weeks and were unaware of issues in the service.