Housing & Care 21

Housing & Care 21 - Springtide Cove

Inspection report

Dock Street
Monkwearmouth
Sunderland
Tyne And Wear
SR6 0EA

Tel: 03701924491

Date of inspection visit:
17 August 2016

Date of publication:
14 September 2016

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 took place on 17 August 2016 and was announced. We gave the registered provider 24 hours' notice as it was an extra care service and we wanted to make sure the people would be in. This is the first time the service has been inspected since it was registered on 23 September 2014.

Springtide Cove is registered to provide personal care to people living in their own flats at an extra care housing complex. There are 53 flats within the scheme and at the time of the inspection there were 27 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.

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

Staff understood the principles of safeguarding people and were confident in their roles. Safeguarding concerns identified were alerted to local authorities. They were also investigated and actioned with outcomes communicated to those involved.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews. People's care plans were detailed, personalised, up to date and reflected their needs. Staff used them as a guide to deliver support to people

Staff were recruited in a safe and consistent manner with all necessary checks carried out. Staffing requirements were assessed in line with people's 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 received annual appraisals.

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

People were supported to access services from a range of health care professionals when required. These included GPs, district nurses, occupational therapists and chiropodists.

People told us they were confident they could raise concerns but had never had any reasons to complain about the service.

Staff told us they felt supported in their roles by the registered manager. They told us the registered manager and care team leader operated an open door policy and were approachable. Staff also told us they attended regular meetings with managers to discuss the service, company and people.

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

The service received a number of compliments and thank you cards from people who received care and their relatives about the support and professionalism of staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe and secure with the service.

Medicines were managed safely.

Staff were confident in their role of safeguarding people and were aware of the whistle blowing procedure.

People's risks were assessed and managed.

Is the service effective?

Good

The service was effective.

Staff felt supported in their roles. Staff received regular supervision, direct observations and annual appraisals.

Staff had up to date training in areas such as safeguarding, moving and handling and equality and diversity. Some staff also had national vocational qualifications in health and social care.

People were supported to meet their nutritional needs.

People were supported to access to a range of health professionals.

Is the service caring?

Good

The service was caring.

People told us they were comfortable and staff were friendly and helpful.

Staff treated people with respect and maintained their dignity while providing support.

The service completed daily wellbeing checks for every person to ensure they were safe and well.

Information was available should people require advocacy support.

Is the service responsive?

Good

The service was responsive.

People said staff "go out of their way to help me" and they were there to help when needed.

People's care plans were detailed, personalised and up to date to reflect their needs and preferences.

People knew how to raise concerns but had no complaints. Complaints received were recorded, investigated and resolved.

Is the service well-led?

Good

The service was well-led

People and staff told us the service was well-led and spoke highly of management.

The scheme had regular staff meetings to discuss the service and drive improvement of the quality of provision.

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

The service received a number of compliments from people, relatives and professionals.

Housing & Care 21 - Springtide Cove

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 17 August 2016 and was announced. We gave the registered provider 24 hours' notice as it was an extra care service and we wanted to make sure people would be in. 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. This was completed and returned within the required deadline.

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 contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care. No concerns were raised.

We spoke with four people who used the service. We also spoke with the extra care regional manager, two relief managers, one senior care worker and one care worker. We looked at the care records for four people who used the service, medicines records for four people and recruitment records for four staff. We also looked at records about the management of the service, including training records and quality audits.

Good

Our findings

People told us they felt safe living at the service. One person said, "We feel safe and secure." Another person told us, "I'm as safe as I'll ever be. There's always someone around." A third person said, "Yes I feel safe."

Records confirmed medicines were administered safely. We viewed the medicine administration records (MARs) for four people. One person said, "They make sure you take your tablets on time. Then they mark the book." Records were completed accurately, with staff signatures to confirm medicines had been administered and with all reasons for non-administration recorded. Staff competencies were regularly assessed by the registered manager or care team leader to ensure those administering medicines were safe and competent to do so. Regular medicines audits were carried out by the registered manager and care team leader to identify any medicines errors or gaps in recording. Recent audits had identified some reasons for non-administration had not been recorded. The care team leader had formal discussions with staff members involved and the matter was resolved.

Staff demonstrated a good understanding of safeguarding people and were confident in their role to protect people from abuse. Staff gave examples of potential safeguarding issues and were able to explain the reporting process they would follow. The service had a safeguarding file which contained a copy of the procedure and blank safeguarding alert forms which were accessible to staff. There was also a safeguarding log, which clearly recorded any referrals made, investigations, outcomes and subsequent action taken. For example, staff disciplinary.

The registered provider had a whistle blowing policy in place and staff told us they were aware of it and would use it if they felt it necessary. One member of staff said, "You're protecting people who you're looking after. It could be issues with other carers. Then you use the whistleblowing procedure." Contact numbers for whistle blowing purposes were available in communal areas as well as the dedicated staff room.

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. For example, a person at risk of falls has a moving and handling care plan in place as well as appropriate referrals to other professionals such as occupational therapist. They also have necessary equipment in place such as a sensor mat.

In addition to people's individual risk assessments there was a range of generic risk assessments in place for premises and the environment. For example, manual handling, slips, trips and falls, fire, laundry, legionella and infection control. 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. PEEPs included information about each person's abilities and support needs. The service operated a Stay Put policy where people were advised to stay in their flat until they are advised otherwise. There was also a risk assessment in place for each person. This meant staff had guidance about how to support people during an evacuation.
The service also had a fire box which was located at the entrance of the service and contained relevant information for the fire service to access in the event of a fire.

The provider had a clear system in place to ensure staff who were recruited were skilled and experienced. We reviewed four staff member's files and saw each had a personnel file checklist in place. The checklist was a visual prompt to ensure all documents were stored appropriately and all relevant checks had been made. Records confirmed all appropriate checks had been made prior to new staff working with vulnerable people. These included references, occupational health, staff member's identity and a disclosure and barring service check verification (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

People told us they felt there were enough staff to meet their needs. One person said, "Normally there are enough staff. I haven't found that there's not sufficient staff." Another person told us, "They are there for everything I want. I've just got to press my buzzer and they'll ask me what I need. At home (previous to moving to Springtide Cove) I would have waited for ages." A third person said, "Yes, I think there's enough staff."

Staff we spoke with also confirmed there were enough staff. A senior care worker told us, "Existing staff cover shifts (in staff absence). We put shifts out to staff. If they don't pick them up we will do them. But they are really good for picking up shifts. We also have bank staff we can use, who used to work here and moved to a different service." They went on to tell us they rarely needed to use bank staff. At the time of our inspection the registered manager was on planned leave. The extra care regional manager informed us that cover was being provided by managers from other services and the care team leader. They also explained that they were working closely with the service to ensure there was a management presence and support where required.

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 was to be provided and the type of support required. For example, personal care, companionship, meal preparation or medicine administration. We viewed staff rotas for a four week period and found staffing levels were consistent.

Records of accidents and incidents were recorded in appropriate detail. Records included details of those involved, where the incident had occurred, what had happened and what the outcome was.

Good

Our findings

People told us they felt supported and cared for by staff who were skilled and experienced. One person we spoke with said, "I'm settled, put it that way. I couldn't wish for better. I can't say there's one (staff member) that doesn't help me." Another person said, "Yes, staff are skilled. They know my needs." They went on to tell us, "If they think that you're struggling they'll come and help you." A recent thank-you card the service received from a person stated, 'A big thank you for the care and professional skills you give us here at Springtide Cove'.

Staff told us they felt supported in their roles by the registered manager. One staff member said, "[Registered manager] praises us a lot in team meetings and supervisions." They went on to tell us, "[Registered manager] will say 'if you're struggling, tell us and we'll help'. Equally, if we do something wrong she will reprimand us." Records showed staff received regular supervisions. Discussions covered a range of areas including matters arising from previous supervision, feedback from monitoring and practical observations, training, safeguarding, medicines, absence management, pendant checks, customer surveys and documentation. Agreed actions were recorded and were followed up in the next supervision sessions.

As part of the supervision process direct observations were carried out on staff members to assess their performance around interaction with people. Areas assessed included moving and handling, delivering personal care, maintaining a safe environment and staff member's communication and attitude towards people. The observer recorded a summary of their observations and any identified action required. Direct observations were revisited with staff during the next supervision session and actions were signed off.

Staff told us they received annual appraisals and records confirmed this. Appraisals were alternatively named 'Valuing Individual Performance' (VIP). Discussions covered staff members' roles including what they enjoyed, challenges they experienced and support they required. Other discussions covered their career aspirations, how they had developed over the year and planned further development for the coming year.

Training records showed staff had up to date training in areas such as safeguarding, nutrition and hydration, health and safety, medicines, moving and handling, equality and diversity and infection control. Staff had also completed the registered provider's induction which included the care certificate. A number of staff had NVQ's (National Vocational Qualifications) in health and social care. The registered provider had recently implemented changes around staff training. Previously, training was organised through the registered provider's learning development officer. However, this role no longer existed and the responsibility was now on the service and staff to arrange their own training. The registered provider had a new electronic training

system called 'FRED' which was in the process of being implemented. Staff were to use this system to arrange their training and book themselves on courses. Once in place, the system would record training staff had completed and would flag up any refresher training when it was due. A senior care worker explained they were in the process of completing a train the trainer course along with the other senior care worker and the care team leader. Once they were deemed competent through assessment, they planned to deliver training to staff in the service.

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. The extra care regional manager informed us that every person who received care in Springtide Cove had capacity to make decisions. They told us if they felt someone appeared to be struggling with their capacity, they would involve the local authority and request an MCA assessment as well as complete a best interest decision for the person. Staff understood the principles of MCA and gave examples how people could present if their capacity fluctuated. Staff confirmed that everyone who they supported had capacity to make decisions.

People were supported to meet their nutritional needs. One person said, "They make my meals. They ask me what I want and cook it for me." Another person told us they liked to go to down to the cafeteria for the dinner. They said, "If I can't make it downstairs I press my buzzer and staff they come and get me and take me down." Staff supported people to prepare meals as and when required, in line with individual care plans. During the inspection we observed staff supported people to the cafeteria for their lunch. We observed a member of staff supporting a person with their meal, giving verbal prompts and gentle support when required. The person appeared to be comfortable eating their meal as they were smiling and chatting with the staff member.

People had access to external health professionals and were supported by staff to make appointments as and when required. One person said, "I told staff I didn't feel right so they phoned the GP for me." Another person told us, "[Senior carer] took me to the chiropodist. Records confirmed people regularly accessed health professionals including GPs, chiropodists, occupational therapists and district nurses. A senior care worker gave us a specific example when they worked closely with a GP, Parkinson's nurse and the local pharmacy to correct a medicine issue for a person.

Good

Our findings

People we spoke with told us they were happy with the care and support they received. One person said, "I'm very happy here. I think the staff do a wonderful job. I find all the staff, particularly the older ones, really helpful, nice and friendly." Another person said, "I joke all the time with them (staff). They're chatty. They're all good to me."

People told us they felt comfortable and at ease with staff supporting them with personal care and felt their dignity was intact. During the inspection we observed staff speaking to people in a respectful manner. Staff asked people if they wanted to do specific things and if they were ready before supporting them. For example, checking is someone was ready to take their medicines before providing them with a cup of water. We also observed staff knocked on people's flat doors before entering and greeted people in a caring, compassionate way.

Staff supported people to meet their individual preferences. One person said, "I get them twice a day. They put cream on my legs because I get very dry skin." Another person told us, "They help me to shower and get dressed."

Staff supported people to help them maintain their emotional wellbeing. One person told us, "They make me a coffee and we talk about things. The carers are beautiful, they're really friendly." Another person said, "They're all really good, (there are) some characters (amongst the staff)." 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 coffee and a chat in their flat, communal lounge or out in the community.

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 people had furniture from their previous homes, cushions, ornaments, pictures and family photos.

A senior care worker explained to us that they completed daily wellbeing checks for every person living in Springtide Cove. They explained they recorded on the daily log sheet if they had seen or spoken to each person. The senior care worker said, "If I don't see them, I give them a ring, if they don't answer, we go up and check on them. That's all done before 11.00am." They explained they visited people in their flats to make sure they were well. The senior care worker explained this was to ensure people weren't in need of any

emergency support and were unable to make staff aware.

At the time of the inspection no one required the support of an advocate. The extra care regional manager told us if people needed an advocate they would liaise with social workers to arrange access to one. If a person did not have a social worker, the registered manager said they would refer them to the correct type of advocacy service, depending on the individual's circumstance. We observed numbers for local advocacy services advertised in communal areas.

Good

Our findings

The service was responsive to people's needs, wishes and preferences. One person we spoke with told us staff were very helpful "especially on a morning when I'm in agony". They told us, "They gradually bring me round and put me in the shower." They went on to say, "I've only got to mention anything and they go out of their way to help me." Another person said, "They used to help me to shower but I can do it myself now. If I needed help they would come and help me. They're all lovely, very caring."

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. The assessment also included details of people's likes and dislikes such as particular foods, beverages and preferred gender of care worker with different support tasks.

People had a range of care plans in place to meet their needs including personal care, nutrition and hydration, medicines and mobility. Care plans contained adequate detail and included people's choices and preferences. For example, one person's personal care plan stated, 'I would like you to ask me if I would like my hair washing, I don't like water on my face. Give me a choice of clothes.' Care plans contained detailed information to guide staff how to meet the specific needs of each individual from the first point of contact at the person's front door. For example, whether to knock and let themselves in if this had been agreed with people or knocking and waiting for people to physically answer the door or call for them to come in.

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. Care records showed people were involved in care plan reviews as well as their relatives where necessary and their social worker.

People knew how to raise concerns if they were unhappy about the care they received. One person we spoke with told us, "I cannot think of anything I could complain about." Another person said, "I can't complain because it's fantastic." We viewed the registered provider's complaints log which contained no recent complaints about the care service. There had been five complaints received in the last 12 months related to tenancy and housing side of the service. Records showed that all complaints were investigated, actioned and outcomes fed back to people. A copy of the registered provider's complaint procedure was made available for people to view.

Meetings between people and the registered manager took place bi-monthly. Discussions included topics such as company changes, new staff members, activities and the building. During the inspection we viewed minutes of the meetings and noted they were attended by people and some relatives.

Good

Our findings

People told us they felt the service was well-led. One person we spoke with said, "On the whole this is a wonderful place and the staff are good." Another person told us, "[Registered manager] is very nice. She's quite willing to help you with anything you need." A third person said, "[Registered manager] is very straight and gets straight to the point. I like her. I like them all, they're all lovely."

We received similar feedback from staff. They spoke very highly of the registered manager and care team leader. One staff member said, "They are brilliant. I have a great rapport with them. I've never had any problems. They are both lovely." Another staff member said, "They have been so very supportive."

The home had registered manager who had been in post since March 2016. They were proactive in meeting their responsibilities in relation to submitting relevant notifications to the Care Quality Commission. The registered manager operated an open door policy to encourage staff to raise any issues or concerns. One staff member said, "Both (the registered manager and care team leader) are very approachable." During our inspection we observed this in practice as a number of staff entered the manager's office to speak with covering managers or the extra care regional manager.

Throughout the inspection visits there was a management presence in the home with cover managers and the extra care regional manager readily available for staff, people who used the service, relatives and other professionals to speak to. There was also a senior care worker on duty for care staff to seek immediate support and guidance from. A senior care worker told us, "We like to have someone in the front office so people can come to see us if they have any issues or problems."

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. Questions covered areas such as staff punctuality and attitude, activities, management and premises. Feedback received about staff and the service was positive.

The service had a system in place for the daily handover of information between staff. Written handovers were completed twice a daily to correspond with the end of each day and night shift. One staff member told us, "If we were concerned about someone's behaviour we would record it in there (handover book)." Handovers included information about people who were feeling unwell, had received new equipment or had a fall. Handovers also included any health appointments that needed to be made on behalf of people,

hospital admissions and returns from hospital.

Staff told us they had regular meetings where they discussed various topics such as people, confidentiality, staff morale, deaths, housekeeping, medication errors and handsets. One staff member told us, "We have meetings every 12 weeks. If there is a lot to discuss or a lot going on [registered manager] will arrange additional meetings. They arranged one meeting to thank us and show appreciation to staff for their hard work and picking up shifts where staff had left and others were on holiday. They brought in sweets." They told us it made them feel appreciated and valued as a member of staff.

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 care worker, whether they wore their identity badges and if they followed infection control protocol. Other areas included documentation, medication prompted or administered and whether staff promoted people's independence while providing support. From the spot check records we viewed, there were no actions required.

The service had received a number of compliments and thank you cards from people, relatives and professionals. One thank you card stated, 'Both [family member] and I would like to thank everyone at Springtide Cove for looking after her so well and I am sure she will remember you all in her own way. I would just like to say that I would have no hesitation in recommending Springtide Cove to anyone who needs care either for themselves or a relative. You have all been brilliant and I shall certainly keep in touch.' The service had received an email from a social worker complimenting staff and managers on their hard work and support with one particular person which saw them "thriving" and stated the person's "well-being has changed for the better".