One Housing Group Limited

Protheroe House

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 12 July 2017 and was announced. This was the first inspection of Protheroe House since it was registered by the Care Quality Commission.

Protheroe House is an "extra care" housing provision operated by One Housing Group Limited in Tottenham, North London. The service consists of flats where people have their own tenancy plus communal facilities including a dining area with bar, garden, hair salon, café, facility to store and charge mobility scooters and cinema room. The Care Quality Commission regulates the personal care service provided by One Housing Group Ltd. The service is for people over the age of 55 but younger adults would be considered.

On the day of our inspection there were 28 people living at Protheroe House and receiving a personal care service.

The service had a manager who was in the process of being registered by the Commission. 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 previous registered manager had left but the new manager had applied for registration and there was a general manager who was based full time at the service too.

The service had ten flats which were used for reablement purposes. People who were recovering from illness or injury could stay for six weeks and have support with personal care, plus other services based in the building such as occupational therapy and physiotherapy. Where a person was not able to return to living independently they could choose to move in permanently and two people had recently done so.

People were able to receive a flexible service ranging from a visit once a day to four times a day. One person had a live in carer 24 hours a day and daily calls from Protheroe House staff to support them with specific tasks. Some people received support for all aspects of daily living.

People told us they were happy with the quality of service they received.

Staff were based on site and were able to offer a flexible service if people wanted to get up later than usual but people were not always able to choose the time they received their care and support. We made a recommendation that care planning includes preferred times for care.

People were generally happy with the way they were supported with their medicines but we made a recommendation to ensure medicines practice meets national guidelines at all times as the medicines records needed to be improved and three people said they received their medicines late at times.

Staff received appropriate training with the exception of training in the Mental Capacity Act, as well as supervision and support to carry out their roles effectively.

People received good support with their dietary needs and maintaining their health. There was a range of activities available for people to take part in and an activity coordinator was able to support people with individual activities.

People benefited from the facilities provided including a bar, cinema, room, hair salon and cafe which were also open to the public and accessible gardens.

The provider monitored the quality of the service and staff said they felt supported by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe. Staff knew how to safeguard people from possible abuse and act on any concerns about them. The service managed medicines safely but needed to make some improvements. The provider recruited staff safely to minimise the risk of unsuitable people working in the service.

Is the service effective?

Good

The service was effective. Staff received training and supervision to help them carry out their role effectively.

People received good support with their nutritional needs and health needs. Staff understood the Mental Capacity Act and how it applied to their work but some staff had not yet completed training.

Is the service caring?

Good

The service was caring. Most people said staff were caring and treated them with respect.

Is the service responsive?

Good

The service was responsive. There was a good range of activities people could take part in if they chose.

People knew how to complain.

Individual needs were generally met though the timing of their personal care support was not always their preferred choice.

Is the service well-led?

Good

The service was well led. There was evidence that the provider monitored the quality of the service. Staff felt supported by the management team.

Protheroe House

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 checked 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 July 2017and was announced. The service had 48 hours' notice of the inspection to ensure that a manager was available to assist with the inspection.

The inspection was carried out by two inspectors 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.

Before the inspection we reviewed all the information we held about this service from notifications, safeguarding alerts and feedback from others.

We met with eighteen people to ask their views on the service provided to them at Protheroe House. We met one relative of a person using the service and also spoke with two relatives on the phone to ask their views on the service. We spoke with two health and social care professionals who had contact with the service for their views on the quality of service.

We spoke to the general manager, One Housing Group's operational manager, one care coordinator and two care assistants who worked at the service.

We carried out pathway tracking for five people using the service, which involved reading people's care plans, daily records and risk assessments to see if they received the care and support they needed. We looked at medicines records, staff rotas, staff training and supervision records and recruitment files for two staff. We also looked at complaints, staff and resident meeting minutes and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People felt safe at Protheroe House. They told us; "I am looked after and I feel I am safe" "I feel safe because they are keeping an eye on my health," and, "I do feel safe here and they look after everything well for me". A relative said, "I feel that they keep him safe by keeping an eye on him taking his medicines because he used to forget."

Staff were trained in safeguarding people from abuse, recognising abuse and how to respond to any concerns about people's welfare. They also knew about whistleblowing and said they would be comfortable reporting any concern they had to the management team in the service.

There had been one recent safeguarding alert which was being investigated at the time of the inspection. The general manager said they knew that all alerts had to be reported to CQC.

People who needed help to move from bed to chair had moving and handling risk assessments and anyone using a hoist to move had a risk assessment in place. Staff had been trained in moving and handling people in a practical classroom setting so they had chance to practice using the moving equipment before using it with people they provided care to.

Staffing levels were a minimum of six staff in the morning and five in the afternoons. We saw from staff rotas there were a number of days in June and July where this level of staff had not been maintained. The general manager told us new staff had been recruited and were waiting to start work and on the days where there were less than the required number of care assistants, the care coordinators in the service had stepped in to help provide care. We saw staff rotas which showed that there was always a manager and at least one care coordinator in the service during the day to assist. At night there were two waking staff but the general manager said that a fire risk assessment took staffing levels into account. People had call bells in their flats and some wore alarm bracelets so they could summon help. They said staff attended quickly if they sounded the alarm. One person told us, "I use it sometimes and they come up straight away. I can reach them easily because I wear one and the other one is on the hall wall." Another said, "They remind me to put my bracelet on."

There were two dedicated staff working with people who were staying in the service for rehabilitation and reablement.

Recruitment documents were available on the day of inspection to show staff were vetted and safe to work in the service. They included documents confirming the persons' identity, two references, application forms or CVs with people's employment histories and Disclosure and Barring Service (DBS) checks.

A visiting district nurse told us that the service was doing a good job with medicines including managing controlled drugs. Staff confirmed they had completed training in administering medicines and had not been expected to support people with their medicines until they had passed the training. Staff files had evidence that staff had been assessed as competent after the training.

We found there had been some Medicines Administration Records (MAR) charts unavailable in June so staff had to record that they had supported people with medicines in another book. One MAR chart did not specify what medicines were being given to someone by staff. Three people using the service told us they sometimes received their medicines late. We raised these issues with the operations director and general manager who said they would ensure improvements were made. We recommend that medicines practice is in accordance with NICE guidelines at all times.

Staff were trained in infection control and there were no infection control concerns found at the inspection. We saw that one staff had an observation of their practice when cleaning up after meal preparation and a manager had assessed them as being competent. This helped to ensure where staff supported people to prepare food that they followed safe hygiene practices.

Good

Is the service effective?

Our findings

Staff told us they received a range of training they found helpful to them in their roles. Records showed mandatory training was provided, including the care certificate, safeguarding adults, first aid, infection control, moving and handling and dementia awareness. The majority of staff had taken the mandatory training and others were booked to attend training.

Staff had regular supervision with their supervisors. The care coordinators based at the service and the manager were responsible for supervising staff. Annual appraisals were not yet due as the service had not been open for a year but these were planned. Staff said they felt supported and listened to. One said, "We can raise issues and are listened to."

Staff files contained observation practice forms which looked at the competence of staff when providing care, for example, moving and handling people. These records included the outcome of the observation with any actions for staff where necessary to improve their practice. This was evidence that senior staff took time to supervise staff in their practical work and help them to continually improve.

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 told us they were able to make their own decisions and staff sought their consent before providing care. They also said that if they did not want their care when staff visited them they could ask staff to come back later and staff respected their wishes. Although staff said they understood the principle of consent they had not taken Mental Capacity Act training and most staff had not been booked on to take this course. This meant that staff were not supported to understand the Mental Capacity Act and the legal context around giving consent to care. When we raised this with the operations director action was taken on the day of the inspection to arrange this training for staff. They provided us with date that this training would take place. We saw that people were asked for their consent to share information with other people and those who consented had signed an agreement.

Staff supported people with nutrition and hydration needs if they needed support. For some people, staff helped them make their breakfast and lunch or prepared it for them. Staff had been trained in diabetes care so knew how to support people who were diabetic with their diet.

People ate their evening meal in a communal dining room. The evening meal was part of the service at Protheroe House and people paid for it. The meals were ordered in advance from a catering company and heated up in the service kitchen. The majority of people said they liked the food. We saw on the day of the inspection that two people's meals were saved for them so that they could eat them later in their own flat but the general manager told us on the whole people were expected to eat their meal in the communal

dining area and most were happy to do so.

People said they received support from staff if they needed it to eat their food.

People said they received good support with their health needs. One person told us; "I go to the GP and sometimes they come too." Another person said, "They arrange appointments for me which is helpful."

Staff supported people to maintain their health. They supported people to attend hospital appointments if needed and left records of their appointments for them. On the day of the inspection two staff were working extra hours to accompany two people to medical appointments. We saw the general manager assisting a person using the telephone to book a doctor's appointment during the inspection. Some staff had specialist training where they worked with somebody who required particular health support, for example with stoma care. People who needed nursing care had district nurses visiting whenever they needed this service. The district nurse told us they thought staff were efficient and supportive.

Ten flats in the service were for people who were staying temporarily after a hospital admission to prepare them to return to their own homes. These people had a support team on site to plan and implement their rehabilitation such as physiotherapy. Two people had liked the service during their temporary stay and had chosen to move into one of the flats as a permanent resident.

People who had limited mobility were able to benefit from a fully accessible building and were able to use the garden and also a spa room where they could pay for an assisted bath in addition to the daily support they received with personal care.

Good

Is the service caring?

Our findings

The majority of people said staff were caring. Comments included; "They are very chatty and friendly", "We talk about what I have been doing during the day and where I have been" and
"They are very nice and tell me what they are there for and ask me how I am."

One person said, "Some are happy to chat and they are friendly. Some do not have time for you and just do their job quickly and leave" and two people said that some members of staff were at times abrupt. This suggested that some staff did not show such a caring attitude as the majority. We were satisfied that the provider's processes for supervising staff would find any staff who may need to improve their interaction with people and take the appropriate action.

We saw from records that staff were observed in their interactions with people. One recent example showed that a supervisor assessed a staff member as showing care and compassion in her interactions.

People's privacy and dignity was respected. They said that staff always knocked and asked permission to enter their flats. One person said, "They knock and I say come in and they tell me who it is and why they are there and come in, very respectful."

Staff had been observed by their supervisors providing personal care to see if they maintained the person's dignity. We read a record undertaken recently where a staff member was found to have preserved a person's dignity during personal care. The outcome of these observations was that staff treated people with respect, maintained their dignity and were caring.

A staff member said, when we asked what the best thing about the service was; "When I get old I'd like to live here- because of the staff."

People's religious and cultural needs were respected and if they needed support in these areas staff assisted them. One person told us; "We have a church reading group here and if I cannot attend they take my suggestions and read them for me. Another said, "My culture is mostly respected." Another said they liked to celebrate Easter and Halloween and these were celebrated in the service with Easter bonnet making for those who were interested.

The service supported people to be included in the local community and offered people in the wider community opportunities to become involved in Protheroe House. The level of inclusion was good. The café and hair salon in the service were open to the general public as well as the people living in Protheroe House. Local people were invited to use the assisted bath service and to join talks. For example, on the day of the inspection there was a public talk about writing a will. The service had its own transport and arranged trips out and helped people to go to their places of worship and also to college and other community activities.

Good

Is the service responsive?

Our findings

People living at Protheroe House could choose from a range of services from daily wellbeing checks and assistance with personal care, four visits a day including meal preparation, collecting pensions and prescriptions, assistance with housework and 24 hour care if needed. People said they were involved in planning their care and that staff were responsive to their needs and wishes. People had a good level of involvement in their care planning. One person said, "I have support twice a day and can have more or less. In that time they give me medication and help me with a few things to keep me organised in my flat. They remind me to do things like wash and offer to help. My care plan is written by them but most things in it are things I told them to write." Other comments included; "I know all about my care and tell them what I need assistance with" and, "I know everything in my care plan and they do write down what I would like" and "I read through my care plan so I do not forget things and they ask me if I would like to make any changes." We looked at care plans which addressed all aspects of a person's daily life. These included personal care needs, communication, falls, continence, mobility, nutrition and hydration, health, cultural and religious needs and end of life preferences.

A relative of somebody using the reablement service said, "They have told me he asks them to add things or take things out of his plan folder and that he is getting more independent."

People were generally satisfied that their individual care needs were met. They thought there was a good range of support offered. As well as personal care and support they could join in an activity programme that took place in the service, use a cinema room, have assisted baths in a spa bathroom and use the cafe which was also open to members of the public. People praised the activity coordinator who arranged a programme of group and individual activities, coffee mornings and also supported people who wanted to attend Adult Education. People told us, "I like to garden, artwork, garden projects, quizzes, and outings. We do all of this and more", "I am at college and they support me in renewing my courses each term. They always act on suggestions and write down your interests. We are encouraged to write diaries and stick things in." A relative of a person using the service told us, "The activities are very well organised and if it's something he suggests then they try and do it." People who preferred not to get involved in activities told us their right to privacy was respected and there was no pressure to take part. Those who did take part said they really enjoyed having the opportunity to socialise with others and enjoy leisure activities.

One person felt that the service was not so responsive to some of their care needs and we passed this information to the general manager who agreed to meet with the person and review their care plan after the inspection. They did this the day after our inspection and informed us of the outcome and action to be taken.

We found that people were not always getting the length of visit specified in their care plan but staff told us that as they were on site in the building there was a greater flexibility for people than they would have if they used a domiciliary care agency. This was because if a person asked for support to get up and have a shower at 8am, then staff arrived and the person felt tired and wanted to stay in bed longer this could be accommodated and staff would return to them later. They could also have their shower and their breakfast

at different times rather than all their support in one visit. One staff member said that responsiveness could be compromised as staff may not have enough time with somebody and may feel rushed. They said people always received the care they needed. We discussed time and length of care visits with the general manager and they agreed to ensure that care plans specified whether the person had a preferred time for their care or whether they were flexible. We recommend that preferred times for care are included in care plans.

People said staff were responsive and understood their needs and wishes well. One area of concern was raised by three people that as part of their contract with the service they paid for an evening meal seven days a week, which they were encouraged to eat in a communal area. The reasons were either that the person didn't like the food, didn't like to eat the time the meal was served or preferred to eat in their own flat. We saw that some people did eat later and in their own flat on the day of the inspection. The operations director said that people could opt out of the meal contract after three months. We asked the general manager to remind people that they could opt out of the paid meal after three months if they wanted to as they were not aware of this.

We saw one person eat their lunch in the café that was open to the public which was a good resource for people to use to maintain independence if they did not wish to cook for themselves or had difficulty doing so.

The provider had a complaints procedure which was available to people using the service and their relatives. People said that they felt comfortable raising any concerns to the manager and general manager and that their concerns or suggestions would be acted on.

Good

Is the service well-led?

Our findings

A staff member told us, "There is good management- they will listen and put in place your suggestions." Staff told us that they were happy with the management team in the home and that they were supportive, open, and available and listened to them. They said they could go to any management staff and they would deal with their concern or action immediately. Staff members told us that the care coordinators and managers were very hands on. They talked to people and knew them well. The home had been short staffed prior to the inspection whilst recruiting new staff the care coordinators had been assisting in providing care.

Staff files contained performance monitoring forms and there were policies and procedures that staff had signed to show they had read and understood about grievance and disciplinary issues. Staff knew what was expected of them and at the same time felt consulted and involved in the running of the service and two staff gave examples of how the management team had listened to their suggestions.

The provider had a number of other similar services so there was a support network for managers to support and learn from each other. The operations director was new to the service but was fully involved.

One professional and one relative said they sometimes had to wait when they arrived if they wanted to speak to a staff member and thought the service would benefit from a receptionist. The general manager was able to show us that a receptionist had recently been appointed and would be starting work shortly after our inspection.

The provider carried out regular quality monitoring of the service. They had a policy of quarterly audits of the service. We read the recent audit undertaken by the Head of Service. The audit included checking care files and medicines records for a small sample of people, staff files, training, supervision and recruitment records. They had picked up areas where improvement was needed. The manager carried out monthly health and safety inspections of the building.

Protheroe House won a local authority building control "building excellence award 2017" for best inclusive building. The services provided which were open to the local community helped people to feel a level of independence and inclusion even though they now needed daily care and support to live in their own flat.