

Housing & Care 21

Housing & Care 21 - Bridlington Branch

Inspection report

Applegarth Court
Applegarth Lane
Bridlington
Humberside
YO16 7NE

Tel: 03701924031

Website: www.housingandcare21.co.uk

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Housing & Care 21- Bridlington Branch is an extra care housing service, which also has a domiciliary care service registered with CQC to provide personal care. The service provides domiciliary care to 27 older people, two of whom lived in the local community. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

At our last inspection in September 2015, we rated the service good overall with the caring domain rated outstanding. At this inspection we found the evidence continued to support the rating of good and the outstanding rating of caring. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The feedback from people who used the service, relatives and professionals was overwhelmingly positive. We observed extremely positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity with sensitivity. There were systems in place to ensure people were involved with all aspects of their care and support.

Staff treated people with respect whilst being friendly, caring and compassionate. People, their relatives and professionals all commented on what they described as wonderful, kind and caring staff.

There were safeguarding procedures in place which staff were knowledgeable about and they knew what action they should take if abuse was suspected.

Recruitment checks were robust. They had been carried out to assist the registered manager in making recruitment decisions and to ensure that people were kept as safe as possible. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training had been completed to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

People's nutritional needs were met and they were supported to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were in place, which detailed people's individual care and support needs. These included social and spiritual needs through a programme of activities as part of the extra care housing.

There was a complaints procedure in place, which was followed by the service when dealing with issues

raised by people.

Audits and checks were carried out to monitor all aspects of the service and action plans were developed to highlight any areas, which required improvement. Staff said they enjoyed working with people at the service.

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? The service remains Good.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains outstanding.	Outstanding ☆
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	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 19 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service for adults who may be out during the day. We needed to be sure that they would be in.

The inspection team was made up of one adult social care inspector and an assistant inspector.

Prior to the inspection we looked at all the information we held about the service including notifications. Notifications are a legal requirement and give CQC information about important events that have taken place at the service. We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and what improvements they plan to make. We also contacted the quality monitoring team at East Riding of Yorkshire Council to ask for their feedback.

During the inspection, we spoke with five people who used the service, two relatives, three care workers, two team leaders and the registered manager.

We visited people in their apartments and inspected records that were kept there with people's permission. We reviewed three people's care plans including risk assessments, medicine administration records (MARs) and looked at four staff recruitment files, supervision and training records. We looked at records associated with the running of the service. For example, meeting minutes, policies and procedures.

Following the inspection we contacted several health and social care professionals for feedback about the service and received extremely positive feedback. The registered manager provided us with copies of policies relating to medicines, safeguarding and Mental Capacity Act 2005 as well as an updated statement of purpose.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe. Relatives confirmed this. Comments from people included, "They keep me very safe. I wear a pendant and in an emergency, I press the button and they come"; "The staff give me medicines correctly and on time" and "There are staff at night who react to a special sensor I have in my bed."

Relatives told us, "They [Staff] have never missed any calls. They check [relative] every couple of hours. The door is kept locked and secure which makes me feel secure" and, "I trust them and they keep [relative] safe."

Staff told us they kept people safe by following care plans and risk assessments. Risk assessments were in place, which had been identified through the assessment and support planning process. They had been completed for a range of areas such as mobility, medicines, falls and pressure area care. The risk management plans meant that risks were minimised without unnecessary restrictions and actions were identified to help staff keep people safe. Accidents and incidents were monitored and analysed and action was taken if concerns were identified.

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. One care worker told us, "Safeguarding is to ensure people are as safe as possible so people can't be abused." They were able to describe different types of abuse and told us they would raise any concerns with the managers. Another care worker told us, "People who live here are safe from abuse."

Care workers told us that they were aware of the whistleblowing policy. They felt confident that the registered manager would take any concerns seriously and act on them appropriately whilst maintaining confidentiality.

Checks were carried out of the environment where care and support was provided and an environmental risk assessment completed. There were checks of equipment used to ensure staff and people were safe.

There were safe systems in place for the management of medicines in people's homes. Medicines administration records were completed accurately. Medicines were stored in people's homes and they had a lockable cupboard where they could store medicines. Medicine administration records were audited monthly.

There were sufficient staff on duty to meet people's needs. We observed that staff carried out their duties in a calm, unhurried manner and had time to provide emotional support.

We examined staff recruitment procedures. These were thorough and showed that background checks had been completed to ensure the safety of people.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People and relatives told us that staff met people's needs because they were knowledgeable and knew what they were doing. This was the result of people's needs and choices being assessed thoroughly. One person told us, "I think they [staff] are well trained" and another said, "Staff know [Name of relative] so well and know their habits."

We read that one person had a medical condition which meant they sometimes needed support at night. The staff made sure the person had a sensor which alerted staff when they needed assistance. There were two staff at night to provide support.

Staff felt equipped to carry out their roles and said there was sufficient training available. Records showed they had completed training in subjects such as first aid, MCA, safeguarding adults and other key topics related to the needs of people who lived at the service, such as dementia care. Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal. The service had recently received endorsement from Skills for Care for their internal learning and development provision.

The 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. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are authorised by the Court of Protection. No DoLS applications had been made for people at this service.

Staff were following the principles of the MCA by seeking consent and consulting with others in people's best interest. People were asked for their consent before care workers carried out any care or support. Because staff were entering people's homes people had also given consent for access as staff held a key. This meant that people remained in control of the care and support provided.

People were supported to eat and drink when this was part of their planned care in order to support them to eat a nutritious diet. However, most people chose to eat in the restaurant on site. Staff supported people with snacks and light meals in their apartments.

People were able to access healthcare professionals when necessary. People told us that staff supported them to access healthcare services. They told us they were assisted to make sure they attended their

appointments as part of their planned care.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of outstanding. At this inspection, we found the service continued to provide outstanding care to people. The registered manager told us that they had worked hard to maintain standards and had continued to review and update their systems to ensure that people remained at the forefront of everything they did. We observed extremely positive, warm interactions between people and staff and it was clear that staff knew people extremely well.

Feedback from people, relatives and professionals was overwhelmingly positive. People who used the service told us, "Without the carers I wouldn't have done so well. They are very kind" and one person told us they felt they had to come and talk to us because, "The carers are so wonderful and kind." People felt that they mattered and that staff cared about them. People had the same care workers support them which allowed meaningful relationships to develop.

One relative said, "Staff are very good. It has been brilliant. [Name] loves it here. Staff know them so well, their habits and are able to provide consistency. They treat them so well. They treat them like a human being; that matters. I have heard them helping them to choose what they want to wear. Its fab it really is; people want for nothing" and, "The staff are wonderful. They take [name] to join in the games afternoon even though they can't join in. They like the company." A second relative told us "They're brilliant. They are the best carers in Bridlington. [Names of registered manager and team leader] have helped me so many times. They go out of their way!"

A social care professional told us, "This is one of the best care providers in the area for outcomes for clients and their happiness with the service they receive. I have always found staff to be polite and helpful. I think they are excellent. I have never had any problems and would be very happy for any of my clients to be cared for by them [name of service]."

Staff told us that they were all highly motivated in supporting each other to provide kind and compassionate care and they said that this was supported by the management team. One staff said, "If a person needs more time I just alert the manager and they arrange for another person to continue with my calls so that they can have that time." One staff said, "We treat people nicely and spend time with them." Another care worker told us, "We develop caring relationships by listening to people and letting them know we are there for them." The care team had been finalists in the care team section of the Great British Care Awards in 2016 and were regional finalists and the team leader had received an internal award for making a difference to people's lives.

We observed extremely positive interactions between people who used the service and staff. One relative said, "The staff are all caring." We saw staff laughing and joking with people which promoted a happy and friendly atmosphere promoting people's well being. Staff were exceptionally compassionate and kind to people and had developed close relationships, they made sure that people felt that they mattered.

We found the care planning process centred on people's views and showed how staff could best support

people. For example, one care plan said, "I might get a little anxious when staff come in but if they touch my hand and reassure me I will be fine." One person told us they had not been able to do much for themselves when they joined the service but were now mainly independent. They put it down to the excellent care they had received. Staff knew people's life histories which gave them opportunities for meaningful communication. We heard conversations taking place between people and staff throughout the day which demonstrated how well staff knew people.

Care plans were written in the first person and when we spoke with people, they or their relatives had been involved in the care planning process. A relative told us, "Because [Name of relative] cannot communicate well [Name of relatives] were involved in helping to plan their care. We observed staff communicating with this person, making sure they spoke clearly and supported their communication with touch where appropriate. They went out of their way to make sure that as far as possible, either through words, touch or the tone of their voice that the person was reassured. Another person had hearing problems and their relative told us that care workers were careful in their communication with the person to ensure they were heard. The Accessible Information Standard (AIS) was met but the management team planned further work to improve how they managed the sharing of information for people with sensory disability. The AIS is a law implemented by the government to ensure people with a sensory disability received information from care services that was accessible to them.

We observed staff communicating with one person, making sure they spoke clearly and supported their communication with touch where appropriate. They went out of their way to make sure that as far as possible, either through words, touch or the tone of their voice that the person was reassured.

Staff treated people with dignity and respect and spoke with people in a respectful manner. One relative told us, "They always close the curtains and the door for privacy. That happens always. I have sometimes popped in at early morning and staff were behind a closed door in the bedroom." Staff also advocated on behalf of people. For example, one person who could not communicate was taken ill during the inspection. Their relative alerted staff who immediately called the local GP. The person could not tell them how they were feeling and so the staff relied upon information from the relative and their observations and prior knowledge of the person to describe their symptoms to the GP. This prompted an immediate visit.

People told us that care workers kept them informed of events in the community and also about their care. We saw that there were noticeboards throughout the service that had clear and accessible information displayed. The manager sent out a newsletter every month as a means of communicating events and updates and keeping people in touch with current affairs. People received memos about anything that was happening within the service. People were invited to attend meetings which gave them the opportunity to have a say about the service and the environment. For example one person told us they were asked to help choose the décor in the extra care housing service.

People were given opportunities to express their views about their care and support. One person told us, "We discuss our care with the carer" and a relative told us they were kept informed and always involved in reviews. The team leader regularly visited people to ensure they were satisfied with the care they were receiving and this information was used by the registered manager to make continuous improvements to the care and support people received.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People and relatives told us that staff were responsive to people's needs. One person said, "My calls are arranged so that I get my medicine on time" and another said, "I need support at night and I alert staff if I need them in between calls. They come straight away and help me."

We read people's care plans and noted these clearly reflected the needs of the individual in a person centred way. This is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan for every aspect of their lives including what was important to the person, what did a good or bad day look like and how they would like to be supported. Care plans provided staff with specific information about how people's needs were to be met. It was clear that regular discussions and thorough information being available ensured staff were aware of factors, which may affect people's wellbeing resulting in better outcomes for people.

Where people had specific sensory needs such as difficulty communicating their needs, they had a communication care plan which outlined those needs and how staff should respond. For example, one person was living with a particular condition and their care plan referred to the issues they faced and how staff would manage these.

Regular reviews were carried out so that people's care and support was reflective of their current needs. People were involved in these discussions.

People were cared for until the end of their lives if this was their preferred option. Staff were supported in that care by district nurses and MacMillan nurses. There was no-one receiving end of life at the time of the inspection.

People told us that their social needs were met. The service was within the extra care housing development and so people had access to the facilities and security of this type of housing. There was a shop, an activities room and a hairdressers, which a lot of people we spoke with used. A varied activities programme was in place and people received a list of activities for the month so they could choose what they attended.

There was a complaints procedure in place and each person was given a copy. People could be supported by staff or independently follow that procedure if they wished to complain. There had been one complaint but this did not relate to the care of people. The complaint had been dealt with in line with company policy. Seventeen compliments had been recorded.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of Good. At this inspection, we found the service continued to be well led.

There was a manager in post who was registered with CQC. 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. People who used the service were extremely complimentary about them and told us, "She is always available if we need to talk to her. There is also [Name of team leader] we could go to."

The registered manager was supported in the service by team leaders, who oversaw people's care provision and led the team of care workers. The regional manager provided remote support to the registered manager and also visited the service. The management team worked closely with other agencies and professionals to ensure good outcomes for people.

Individual members of staff and the care team had been nominated for and received a variety of awards. The registered manager had received an internal award for their significant contribution to their customers.

All staff told us they had every confidence in the registered manager saying they felt supported by them and the team leaders. One person said, "This is an open place where you can say what you think."

We observed that the registered manager knew people by name and was seen chatting to them throughout the day and was aware of what was happening throughout the service. They could answer people's questions and deal with matters that arose throughout the day. The management team were aware of their roles and responsibilities and understood what was required of them in the day to day running of the service. Care staff were observed regularly to check they were working in line with the organisational values.

Staff described the values of the service as, "Keeping everyone safe and happy and as comfortable as possible and keep them at home for life." We saw these values reflected in how the staff worked and the service they provided not only to people but also their families.

The service regularly carried out fundraising events for charities. This included a cupcake day and a memory walk. People were invited to attend which encouraged them to remain part of their local community.

There was an effective quality monitoring system. Monthly audits and checks were carried out to monitor all aspects of the service and these identified areas for improvement. Corrective actions were taken in a timely manner where needed.

Accidents and incidents were monitored for any themes or trends so action could be taken and learning take place to prevent any recurrence. Some people were using sensor mats in order to alert staff when

they required assistance.

People, relatives and staff were involved in the running of the service. Regular resident meetings were held where the care service was sometimes discussed involving people in how their service was run. Staff meetings were held regularly.