Reading Borough Council

Charles Clore Court Extra Care Sheltered Housing

Inspection report

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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?	Good

Summary of findings

Overall summary

This was an announced inspection which took place on 23 January 2019.

Charles Clore Court extra sheltered housing is a domiciliary care agency run by Reading Borough Council. It provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Charles Clore Court provides people with ordinary flats within the purpose-built building. They can make use of shared facilities such as a dining room, specially adapted bathroom and lounges. The accommodation is rented, and is the occupant's own home.

The agency has an office within the building and are currently providing a service to approximately 30 of the 47people who live in the complex. However, this number fluctuates depending on the needs of individuals. The service supports people with diverse needs including dementia, learning disabilities, sensory impairment and physical disabilities.

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.

At the last inspection, on 08 July 2016, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the evidence continued to support the rating of good and 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.

At this inspection we found the service remained Good.

Why the service is rated Good.

People, staff and visitors were protected from harm by staff who were regularly trained in safeguarding vulnerable adults and health and safety policies and procedures. They understood what they needed to do if they had any concerns about safety. Risks were identified and action was taken to reduce them, as far as possible. People were supported to take their medicines safely (if they needed support in this area). People were supported by care staff whose values and attitudes had been tested and who had been safely recruited.

Staff met people's needs safely and effectively. There were enough staff who were given enough time to meet people's needs. The service did not accept care packages if they could not meet individuals' identified needs.

Care staff continued to be trained and supported to enable them to meet people's individual needs. Care

staff were effective in meeting people's needs as described in plans of care. The service worked closely with health and other professionals to meet people's specific or complex needs.

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

People were provided with kind and compassionate care. Consistent care staff built good working relationships with people. Care staff encouraged people to be as independent as they could be.

The service continued to be flexible and responsive and could meet people's current and changing needs and preferences. People's needs were reviewed regularly to ensure the care provided was up-to-date. Care plans included information to ensure people's individual communication needs were understood.

The registered manager was described as very supportive. The service assessed, reviewed and improved the quality of care provided. The service worked closely with other professionals to respond to the changing needs and expectations of the local community.

Further information is available in the detailed findings.

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 Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Charles Clore Court Extra Care Sheltered Housing

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 23 January 2019 and was announced. The service was given two working days' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the last report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for six people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff recruitment and training records.

On the day of the inspection we spoke with seven people, one relative, three staff and spent time with the registered manager. We requested information from five professionals and the local safeguarding team. We received positive responses from the safeguarding team and the two professionals who responded.

Good

Is the service safe?

Our findings

Care staff continued to keep people safe, as far as possible, from any type of abuse. Staff were provided with safeguarding training to ensure they knew how to protect people. They were fully aware of their responsibilities with regard to safeguarding people and of the whistleblowing policy. Care staff were confident that the registered manager would take immediate action to protect people. People told us they felt safe and were always well treated. The local authority safeguarding team told us they did not have any safeguarding concerns about Charles Clore Court. A professional commented, "There are no concerns at all."

Detailed health and safety policies and procedures remained in place and were regularly up-dated. Staff continued to receive appropriate training in health and safety matters. Generic risk assessments covered all areas of safe working practice such as, lone working and environmental risk assessments were completed for each person's home. Clear risk assessments and risk management plans, which included areas such as moving and positioning, were in place for individuals, as required. Staff were provided protective equipment and were trained to meet infection control requirements.

People continued to benefit from a service that ensured lessons were learnt from accidents and incidents which occurred and actions were taken to reduce the risk of recurrence. The service's emergency plan called a 'Business Continuity Plan' remained in place and was regularly up-dated. People retained their personal emergency evacuation procedures.

People were supported to take their medicines safely, if identified in their assessed needs. A comprehensive medication policy described how staff were to support people to take their medicines. Trained care staff whose competency was assessed regularly administered medicines. Medicine administration and recording audits were completed monthly. Medication errors and recording errors were identified and actions, such as retraining staff, were completed as necessary.

People continued to be provided with care by staff who had been checked to ensure, as far as possible, they were suitable and safe to work with people. People's values and attitudes were tested at interview.

The service continued to provide enough staff. The service did not accept packages of care unless there were enough staff to provide the correct amount of time and skill to meet people's needs as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. Any additional staffing needed was provided by an approved agency and regular staff were used as often as possible. A staff member offered people emergency support during night time hours. People had access to a call bell which was answered via a specialist call centre if the night staff were unable to respond within two minutes.

Good

Is the service effective?

Our findings

The service continued to offer people effective support. An initial assessment process identified individuals' specific needs and included people, their families and other relevant people (with their permission and as was appropriate). People told us they were fully involved in telling the service what support they wanted and needed.

The service remained effective in meeting people's health and well-being needs as specified on individual plans of care. These included areas such diet and nutrition and everyday living. A detailed summary of daily routines and tasks to be completed formed a part of the care plans. The service worked with other professionals in the community such as district nurses and GPs, as necessary. A medical professional told us they believed people's health needs were dealt with appropriately. They further commented, "I have provided medical care to the patients at Charles Clore court for over two years and have found the staff very helpful and pleasant with the patients. I have not had any cause to raise concerns regarding their care provision."

The service was exploring new technology to support people with special needs. For example, a movement sensor system had been used to record a person's night time activities which informed them, the family and the service about their changing needs.

The service scheduled calls via a rota system. The staff team was stable and consistent with 15 of the 16 staff having worked in the service for more than two years. People knew the staff well and told us they always arrived and left on time. One person said, "We are never disappointed or let down." Everyone spoken to agreed with this statement.

People were provided with assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. Records for food and fluid intake were kept, as necessary and staff received training in this area of care.

People were supported by care staff who continued to be well trained to enable them to meet people's diverse individual needs. Staff members told us they had very good training opportunities. They said they were trained in areas to meet individuals' specific needs, such as adults with autism/Asperger's and catheter care. Of the 16 direct care staff ten had achieved a recognised professional qualification. Staff had completed the training identified by the provider as core training.

People benefitted because staff continued to be supported by the management team to deliver effective care. Care staff completed a one to one (supervision) meeting with senior staff regularly and completed an appraisal every year. Care staff told us they had not received regular supervision recently but could ask for supervision, additional training or support at any time and this was always forthcoming.

The registered manager understood the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 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. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service did not, currently, support anyone whose liberty needed to be restricted.

People's rights continued to be upheld by a staff team who received MCA training and understood the issues of consent and decision making. Plans of care noted if others were legally entitled to make decisions on behalf of people.

Good

Is the service caring?

Our findings

People were offered individual support and care by a staff team who remained caring and committed. The provider operated within and promoted a caring environment where people and staff felt cared for. One person reflected the views of others when they told us, "This is a lovely place to live. The staff are lovely and you couldn't get more kind and caring 'girls' (care staff)." A family member told us, "I have 100% trust in the service they are very, very caring."

People were provided with care by the same staff members, as consistently as possible. This supported good care because they developed strong relationships with people. People confirmed they usually had the same carer(s). People told us their privacy and dignity was always preserved by care staff. Professionals told us they had always observed people being treated with dignity and their they were always supported to preserve their privacy.

The service continued to recognise people's diversity. However, people's religious, cultural and lifestyle choices were not always clearly noted in care plans. The registered manager agreed to review care plans as soon as possible to ensure there was enough information about people's diversity and protected characteristics.

The service included equality and diversity in its training schedule, had an equal opportunities employment policy and a guide for staff on how to deal with hate incidents. Hate incidents were defined as, "Any incident which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a protected characteristic: age, disability, gender, gender-identity, race, religion or faith and sexual orientation." Some of the diversity and equality policies needed up-dating. The registered manager agreed to discuss this with the provider.

How people's independence should be encouraged was clearly documented in care plans. Risk assessments assisted care staff to help people retain and develop as much independence, as was appropriate, as safely as possible.

People's methods of communication were noted on care plans, as required. A communication plan was developed, as necessary. People were encouraged to give their views of the service in various ways. These included tenant's meetings (held weekly by the accommodation provider), individual reviews and annual quality questionnaires.

People's personal information was kept securely and confidentially on the computer in the care office. People had paper copies in their flats, which they kept in a place of their choice.

Good

Is the service responsive?

Our findings

People continued to be offered responsive and flexible care. Plans of care noted people's current needs and clearly described what actions care staff were to take in the event of them identifying any changing needs. People's preferences and choices were included in their individual plans of care. People told us the service responded to their needs quickly. They gave examples of when they were ill or needed some extra help. An individual's records showed that during some ill health a short term temporary care plan had been put in place. This was withdrawn when their health improved. A professional commented, "To our knowledge yes [the service is flexible]. We witness that care workers work in excess of their finish times when required. They appear committed to the service - stay late, assist to cover staff shortage, manage care calls which run late, manage unplanned ER [emergency] calls."

The assessment, care planning and review process remained inclusive of people. Care plans were signed by people and noted their involvement. Care plans and daily notes reflected person centred care. Plans of care were up-dated regularly and reviews were held a minimum of six monthly and whenever people's needs changed. People told us they were always involved in the care planning process.

People benefitted because staff maintained good communication. The service had two handovers a day where people were discussed and any necessary information was passed to the next shift. People and staff told us communication between care staff and people who use the service was very good.

People's communication needs continued to be met and the service produced information in different formats if necessary. Individual communication plans were developed if people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to complain and staff knew what action to take if they received a complaint or compliment about the service. The service had received no complaints or compliments in the previous 12 months. People told us they had no complaints or concerns about the service. The accommodation provider told us they had received no complaints about the service. They noted one or two comments made by people which were passed on to the service were dealt with quickly and professionally.

Good

Is the service well-led?

Our findings

People continued to benefit from a well-led service. There was a registered manager running the service. 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 registered manager kept up-to-date with all legislation and good care guidance. For example, she fully understood when statutory notifications had to be sent to the Care Quality Commission, the Accessible Information Standard and the duty of candour.

The registered manager was very experienced and had been in post since 2016. Staff made comments such as, "It's a good place to work, we work as a team." Another staff member said, "It's a lovely place to work, we are well-supported and there is good communication." The staff team remained committed to their work and embedded the values and expectations of the service. They described the registered manager as, "Really on the ball." They said she took immediate action to put things right. Staff told us there was an open culture, the registered manager was approachable and valued their views and opinions.

People and staff continued to be encouraged to express their views and opinions of the service and care provided. Staff told us there was an open culture, the registered manager was approachable and valued their views and opinions. The service held regular staff meetings and staff said they felt very comfortable to raise any issues or concerns they had.

People continued to benefit from a service which was well governed. A number of quality assurance systems were in place and were used to review all areas of the service. For example, an annual survey was sent out to the people who used the service. Audits such as medication and client safety were included in the governance process. Senior managers and/or representatives of the provider did not visit the service. However, they were informed of the quality and progress of the service by the registered manager. For example, audits were put on the computerised systems and sent to head office where they were viewed by senior managers and other appropriate staff.

Actions were taken as a result of the various auditing and quality assurance processes. These included projects to make better use of IT and reviewing the best use of resources.

The service continued to engage and work closely with relevant community professionals to ensure people's needs were met. For example, they had participated in a project with the local authority to provide some rehabilitation beds to assist people to be discharged from hospital.

People's individual needs were recorded on up-to-date care plans which informed staff how to provide care according to people's specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audits and staffing records were, accurate and up-to-date. All records

were well-kept, of good quality and easily accessible.