Housing & Care 21

Housing & Care 21 - Paddy Geere House

Inspection report

Care Office, Shirley Close, Ipswich, Suffolk IP1 6QB

Tel: 0370 192 4103
Website: www.housing21.co.uk

Date of inspection visit: 25 March 2015
Date of publication: 29/04/2015

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

Overall summary

This inspection took place on 25 March 2015 and was unannounced.

The service provides care and support to people living independently in 36 flats at Paddy Geere House. On the day of our inspection support was being provided to 31 people.

There was a registered manager in place. 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 care service at Paddy Geere House is provided by Housing and Care 21. People have a rental agreement with Abbeyfield Orwell who own the flats. Abbeyfield Orwell also provide cleaning services, lunch time meals and entertainment for people living in the service.

Summary of findings

People felt safe receiving support from the service. Staff had been trained in safeguarding vulnerable adults and were able to demonstrate a working knowledge of safeguarding procedures.

People's care plans were reviewed annually and more frequently if changes were required. Risks to people from receiving care were addressed as part of their care planning. Although some risk assessments were seen to be generic and not relevant to the person.

There were sufficient staff to provide care which met people's needs. Recruitment procedures were followed to ensure only people suitable to work with vulnerable people were employed.

Medication was administered safely and as prescribed. Medication audits were carried out and where discrepancies or omissions were identified action was taken to address the cause.

Staff were provided with regular training, supervision and appraisals. This meant that they had been provided with the skills required to meet people's needs. The manager met staff regularly to discuss their work performance and plan their training and development needs.

People told us they were happy with the care that was provided and that it met their needs. They told us staff treated them with kindness and respect. Where appropriate people were supported to have a healthy diet and have sufficient to eat and drink.

Staff were supported by the manager. They described an open, friendly, caring culture where they were able to raise any issues or concerns that they had.

The management team monitored quality and safety of the service regularly and action was taken to address any deficiencies that were found and to improve the service.

Summary of 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 was safe.

People were protected from abuse and avoidable harm by staff who had been trained and knew how to recognise and report concerns.

There were sufficient staff to meet people's needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff who were trained.

Good

Is the service effective?
The service was effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

The service ensured that people received effective care that met their needs and wishes.

Good

Is the service caring?
The service was caring.

People were positive about the way in which care and support was provided.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People's privacy and dignity were respected.

Good

Is the service responsive?
The service was responsive.

People received consistent, personalised care and support and they had been involved in planning and reviewing their care.

People know how to complain. There was an effective complaints procedure in place.

Good

Is the service well-led?
The service was well-led.

Staff morale was good. Staff were supported by the management of the service and described an open, friendly, caring culture where they were able to raise any issues or concerns they may have.

The quality and safety of the service was monitored regularly. Learning from incidents, accidents and complaints took place and appropriate action was taken to improve the service.

Good

Housing & Care 21 - Paddy Geere 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 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 25 March 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent people who used the service a questionnaire about their experiences and received 12 responses. We reviewed information we held about the service including notifications that the service is required to send us by law and safeguarding notifications.

During the inspection we spoke with six people who used the service and six care staff. We spoke with the manager of Abbeyfield Orwell a separate organisation that provide meals and other services to people living at Paddy Geere House. We observed staff from Housing 21 providing support to people during the lunch time meal.

We reviewed four care files and four staff files. We looked at records relating to the management of the service including training records and safety and quality audits.

Good

Is the service safe?

Our findings

Prior to our inspection we sent people who used the service a questionnaire which asked them about their experience of the care they received. We received responses from people using the service and their relative. The majority told us they felt safe from abuse or harm from the staff of the service.

In discussions people told us they felt safe and that staff understood their needs. One person said, “Yes I feel safe, why would I not?” Staff we spoke with were aware of the processes to follow should they have concerns that someone who used the service had been the victim of, or was at risk of abuse. Records showed that staff had received training in safeguarding vulnerable adults from abuse. Contact details for the service internal safeguarding lead, the local safeguarding authority and whistleblowing details were clearly displayed in the staff room.

Staff we spoke with demonstrated a good understanding of people’s needs and the support required to promote their safety and wellbeing. For example where one person liked their wheelchair stored and how they liked the brakes left. Care staff were able to discuss risks individual people faced and measures put in place to mitigate these.

Through the service’s assessment and care planning process risks to a person’s safety or wellbeing, for example in areas such as the risk of falling or risk associated with moving and handling were assessed. Actions to mitigate the risks were in place to ensure people received care safely. For example the use of specialist equipment. We did note that some risk assessments were generic and did not relate to the individual. For example all care plans contained information on how to lay an open fire and associated risks. None of the flats in Paddy Geere House have an open fire.

The staff had made safeguarding referrals appropriately and worked with the local authority where required. Investigations into incidents has been thorough. Where action has been required as a result of an investigation we saw that this had been carried out. For example investigation recommended that a person keep their door locked and the key kept in a key safe. We saw this was implemented in practice.

People we spoke with told us that there were sufficient staff to meet their needs. They told us that care staff arrived at the agreed time. One person told us, “Yes they stay as long as I want.” Staff told us that there were sufficient staff to meet people’s needs. Another person told us that if they needed to ring their emergency bell staff arrived in good time.

We saw that the staffing rota was planned to meet the demands of the service. Each member of care staff received a rota with their visits for the day. These had been planned by the service the week before to ensure that all calls were covered and that there were sufficient staff available to meet people’s needs. The service team leader told us that they were currently recruiting staff to meet an anticipated increase in demand when a number of empty flats in Paddy Geere House were filled in the near future.

We looked at four staff files. We saw that safe recruitment procedures were followed with the appropriate checks made to ensure care staff were suitable to work with vulnerable people. This included Disclosure and Barring Service check and obtaining suitable references. We also saw

that where appropriate the service had followed staff disciplinary processes.

Where people required support with their medicines this was managed effectively. People told us that they satisfied with the support they received with the medicines. Staff told us, and records confirmed, that staff received training in the safe administration of medicines and that this training was updated annually. With their permission, we checked the medicines and recording of medicines for two people we visited. We saw that the amount of medicines tallied with the records and that records had been completed correctly. Medication administration records (MAR) were checked weekly by senior staff. Where omissions or errors were identified these had been addressed with the appropriate member of care staff.

Good

Is the service effective?

Our findings

People we spoke with told us they felt staff were suitably trained to care for and support them. Comments included, “There is nothing they could do better,” and “The girls (staff) know their job.”

Care staff who had been newly employed told us that they had been through an induction process to equip them with the skills they needed to provide effective care. This had included theory and practical sessions. They had then shadowed an experienced member of staff until they felt confident to deliver care on their own. Care staff who had worked for the service for a longer period of time told us, that they received regular refresher training. Records we saw confirmed this.

We saw that care staff received regular supervision meetings and spot checks to ensure they maintained a good standard of care. Supervision meetings were structured and centred around the providers ‘Supervision Agenda’. This included matters such as training, safeguarding and medication. We saw that where a supervision identified an issue that needed attention this was addressed, for example further training in a particular subject or failure to complete MAR charts properly.

The service team leader and their deputy demonstrated a good knowledge of people’s rights relating to legislation. For example, lasting power of attorney (LPA) and the different types including health and financial. They understood the need to obtain consent from the person holding the LPA.

Care staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 (MCA) as it related to care in a person’s own home. Records showed that care staff had received training in the MCA. We noted that one person had an alarm which alerted staff when they left their flat. We discussed this with the registered manager and the service team leader. We were satisfied that the person and their family had been consulted about the alarm and that the appropriate consent had been obtained. However, the consultation and consent had not been fully recorded in the persons care plan and there was no policy in place regarding the use of this type of equipment in the service.

Abbeyfield Orwell provided a lunch time meal in the dining room which people could choose to attend. Housing 21 staff supported people to access the dining room and with eating if required. We saw that Housing 21 staff liaised with kitchen staff to ensure that people received the appropriate food, for example where a person lived with diabetes. We saw in one person’s care plan that it had been noted that they had lost weight and a referral to their GP and a dietician had been made. Staff we spoke had received training in nutrition and were able to explain how they encouraged people to follow a healthy diet. We observed staff in the dining room at lunch time assisting people to choose their meal and to eat their meal in a calm and unhurried manner.

People told us they were supported to gain access to healthcare services. For example, on the day of our inspection we saw that staff called a person’s GP for them as they were feeling unwell. All of the staff we spoke with were knowledgeable about people’s individual health needs. They were able to describe in detail what each person they cared for needed and how they preferred to be supported.

Good

Is the service caring?

Our findings

People we spoke with told us they were well cared for by staff. One person told us, “They (staff) could not be nicer, I feel it is home.”

Staff knew the people they cared and supported. They showed concern for people’s wellbeing in a caring and meaningful way. For example while we were in the office we heard staff planning how they were going to congratulate a person on their birthday as their family would not be coming to visit.

Staff told us they had time to read people’s care plans and learn their needs before starting any care. For example, their likes, dislikes and the level of support required. The staff we spoke with confirmed this. They also told us that they kept daily records which described the care provided to people. We saw this was recorded in the care plans. One person told us that they recalled the service team leader discussing what care they needed with them before they moved into their flat.

The service operated a key worker scheme where each care worker was allocated a specific group of people to get to know better. Care staff demonstrated a knowledge of the key worker scheme and told us that they visited their group of people when they were able but expressed views that they did not always get sufficient time to do this as they could only fit it in when they had gaps in their allocated calls.

100 per cent of the people who responded to our survey and all of the people we spoke with told us that care staff treated them with dignity and respect. One person told us how staff had paid particular attention to closing their curtains in their bedroom recently as scaffolding had been put up outside. The builders and workmen were walking past the window even though they were on the first floor.

We saw that people were encouraged to be as independent as possible. For example staff were walking with one person in the corridor to build up their confidence following a fall.

Good

Is the service responsive?

Our findings

We found that people who used the service received care that met their individual needs, choices and preferences.

We looked at people's care records. We saw that each person had an individual support plan which detailed what care they required on each visit. For example help with personal care or with taking their medicine. Personal preferences were also detailed in the support plan such as the preferred gender of the person providing care. People's needs were documented along with instructions for staff on how care and support was to be provided. People told us they were involved in developing their care plan

The support plan was reviewed annually with the involvement of a relative or social work professional if appropriate. Where changes in people's needs were identified these were documented and responded to. Support plans were also reviewed more often if needed. For example, one person had spent a period in hospital. Their support plan had been reviewed prior to them returning home and additional equipment had been put in place to ensure they received their care appropriately. Where another person's care needs had reduced as they had settled into the service the amount of support had been adjusted accordingly.

Staff told us they had time to read people's care plans to ensure that they were providing the care that had been planned. They told us that the personal history contained in the care planned assisted them to be aware of people's as an individual and provide care as the person preferred.

People were encouraged and supported to follow their interests and take part in social activities. On the day or our inspection Abbeyfield Orwell had organised entertainment in the service lounge. We saw that care staff were encouraging people to attend and supporting them to access the lounge.

People were asked their views about the quality of the care they received as part of the annual review of their care. We saw that as part of one person's review they had said, 'I am very happy with the service I get and the carers are all very nice.'

People told us they had not had any cause to complain. They told us that they would have no hesitation in either speaking to a carer or going to the office if they had any concerns. We saw that there was a complaints policy and procedure in place. Complaints had been investigated and recorded according to the policy. We saw that where an investigation into a complaint had shown that action could be taken to improve the service this had been taken. For example the service had received a complaint that a person's family could not get through to the out of hour on call service. The system for receiving out of hours calls had been changed in response to this complaint.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager was also responsible for managing three other services on a different site. The day to day running of the service was carried out by a Service Team Leader supported by a senior staff member. The registered manager visited the service regularly. The Service Team Leader told us that the registered manager visited at least twice a week and more often if required and was contactable by telephone if required and that they received the support they required from the registered manager. Staff we spoke with were aware of the management structure and were complimentary about how it worked.

The care service at Paddy Geere House is provided by Housing and Care 21. People have rental agreement with Abbeyfield Orwell. Abbeyfield Orwell also provide cleaning services, lunch time meals and entertainment for people living in the service. The manager of Abbeyfield Orwell organises and participates in activities and is highly visible in the service. Whereas the management of Housing and Care 21 are not as visible on a daily basis. This meant that people sometimes become confused as to who to speak with if they have a problem. We spoke with the manager of Abbeyfield Orwell and the service team leader for Housing and Care 21 who told us that they realised that this was sometimes the case and that communication between them was very important.

Staff told us they felt able to approach the management team if they had any concerns. We saw from records that care staff were encouraged to discuss any concerns during their regular supervision meetings.

Staff were complimentary about the management team. They said they had received regular supervision and that they attended regular staff meetings. They told us that they were able to put forward items for inclusion on the agenda at staff meetings. We saw that staff meetings were structured and included a discussion of a service policy, such as whistleblowing at each meeting. We saw that a new handover book for information to be handed over between shifts had been introduced as a result of staff discussions.

We saw that the provider produced a weekly newsletter for staff which covered employment issues as well as training and care subjects. This had been printed out and was available in the staff room. We also saw details of an online web portal that could be accessed by staff. This portal gave staff access to training, policies, development opportunities and other guidance. However, staff we spoke with had not accessed the site to check policies and procedures.

The quality and safety of the service was monitored regularly. The service team leader described the system in place to record incidents and accidents when they occurred. The reports of such events were passed to the provider who carried out an analysis which would identify any emerging trends and areas of risk. In response to this information action plans were developed which described the action to remove the likelihood of such incidents re-occurring. Learning from incidents, accidents and complaints took place with appropriate action taken to improve the service where appropriate.