

Housing & Care 21

Housing & Care 21 - Brookside Court

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

Housing and Care 21- Brookside Court 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. The accommodation is rented, and is the occupant's own home, there are 40 flats at this location. 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. There were 38 people receiving care and support at the time of this inspection.

At the last inspection in April 2016 the service was rated Good. At this inspection we found the service remained Good. Feedback provided by people using the service included, "The staff are very caring, excellent in fact" and "The support from the staff is brilliant, no complaints whatsoever". Friends and family who were at people's homes when we visited them were equally positive, "My [relative] has a lot of support from the staff and they are really good. The managers listen and will act on things we request on behalf of [relative]".

Staff have an understanding of the person centred care they provide and we were told by one staff member that "Everyone is different and we provide what they need in relation to their care and support the way they want it".

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

Staff have a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that are challenging to others. People's medicines are managed so that they receive them safely, all medication is in a secure place in people's homes and recorded in their care plan. We have made a recommendation about the management of recording medicines.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected, however there has been a lot of short notice sickness that had put pressure on the care staff in the last couple of months. A robust recruitment and selection process is in place. This ensures prospective new staff have the right skills and are suitable to work with people living at the extra care living facility.

Staff are compassionate, kind and caring and have developed good relationships with people using the service. People are comfortable in the presence of staff. Relatives confirmed the staff were caring and looked after people very well.

A lot of consideration and thought has gone into the decoration and layout of the service. The overall effect created is a homely and peaceful environment in all communal areas at the scheme with due consideration given to the needs of people with dementia.

Staff spoke consistently about the service being a good place to work and that they enjoyed their roles. Care staff told us they were happy with the training and felt supported by the manager.

When we completed our previous inspection on 26/04/2016 we found concerns that confidential information was not always protected within the main office of the agency. At this time this topic area was included under the key question of Effective. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is included under the key question of caring. Therefore, for this inspection, we have inspected this key question and also the previous key question of Effective to make sure all areas are inspected to validate the ratings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service has improved to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Housing & Care 21 - Brookside Court

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 comprehensive inspection took place on the 12 and 17 of September 2018 and was announced. We gave the service 16 hours' notice of the inspection visit because the location provides a domiciliary care service and staff could often be out during the day. We needed to be sure that they would be in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with six people who lived at Brookside Court and two of their relatives. The registered manager was not available at this inspection, however we spoke with two assistant managers, four care staff and the Extra care manager for the North West. We reviewed four people's care records, looked at four care files and four staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

People and their relatives told us they had complete trust in the care staff and felt safe receiving the care and support in their homes. One person told us that they had total trust in the care staff and said "This is more relevant when they use the hoist if I'm unwell". One relative commented, "I know my [Relative] is safe and well cared for, if any changes we are contacted as a family".

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The assistant managers were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Systems were in place to identify and reduce the risks to people being cared for and supported in their homes. People's care plans included detailed risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence, one staff member told us "We provide care and support in the way people want it and we are flexible as a team to meet their needs".

People told us that at times care staff were insufficient and they were rushed, however respectful. We spoke with the assistant managers and extra care manager who told us that there was enough staff available to meet people's needs and to keep them safe. However, there were unplanned short notice absences due to sickness that impacted on the service. At this time care staff would cover. We looked at the staff rotas for the month ahead that had sufficient numbers of staff. In discussion with a relative visiting on the day of the inspection they told us, "There does appear to be sufficient staff on duty, they [staff] always ensure my [relative] care and support is provided". In discussions with staff we were told at times they were really busy and overstretched.

We looked at four staff files and saw that a robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. We were told by the assistant managers and the extra care manager that four staff had recently been recruited and they were waiting for the relevant recruitment records to commence employment.

We discussed the medication procedure and looked at the policy with an assistant manager and care staff. All people's medication was stored in their homes. The policy at the service was to either 'assist' or 'administer'. Systems were in place that showed people's medicines were managed consistently with them. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as paracetamol, records were in place for care staff to follow.

The care staff were however taking medication out of blister packs and bottles and putting it in a container and either leaving for the person to take later or watching them take the medication. The managers told us that they classed this as assist as the people had capacity to understand risks relating to medicines.

We recommend that the service considers current guidance on medication administration recording when staff are taking medicines out of blister packs and bottles and giving people their prescribed medication. This is to ensure that all action is being taken to protect people's health and wellbeing. The provider to at and to take action to update their practice accordingly.

Is the service effective?

Our findings

People told us that they thought staff were well trained and understood their needs. People's relatives expressed their confidence in the staff and felt they knew the needs of their family members well. One relative told us, "The staff are all really good and communicate with our family at all times".

We discussed the training programme with the managers and care staff. The model of training was called 'Learning Pathways' and we were provided with the records for care staff and managers. Staff told us the training was good and all told us they were up to date. Care staff told us the training gave them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. One member of staff told us, "The training I receive is really good and the manager will put me on training they think is relevant. I enjoy learning new things because it's a never ending world of change". We were provided with a training matrix for all staff working at Brookside Court from the extra care manager that showed all staff were up to date and were scheduled to do refresher training.

Care staff and the assistant managers told us that they had regular supervision and annual appraisals. We were told that the registered manager would act appropriately on any issues and would always get back to the person.

We discussed the food prepared by care staff with people who all told us they were happy with the food and the way it was presented to them. People chose the food they wanted to eat and did their own shopping or had their shopping done for them. There was also a restaurant/café on site that people would go to for their meals if they chose. One person who ate there told us the food was extremely good. Staff told us that they would prepare meals and drinks for people that included following a dietary care plan. For example, one person had their food cut into small pieces as they were not able to hold the cutlery effectively.

People told us they would request support from care staff and family to book healthcare appointments for them. One person commented, "They will contact my doctor if I need a visit, they are really good at explaining why I need a visit". One relative told us, "Staff are very good at noticing any health changes for [relative] and will inform the family immediately. We saw records in the communication logs that informed when care staff had called healthcare professionals.

People described Brookside Court as a "Really lovely place" The design and decoration of the communal areas promoted people's wellbeing and was decorated to a high standard. People told us that they used the communal lounges and attended activities put on by staff for example coffee mornings and fish and chip evenings.

We saw care records that had been signed by a person to give their agreement to the contents. We also saw that where a person was unable to sign for their care plan a standard sentence had been incorporated stating, 'the above named customer is unable to sign because with the relevant details and the unable to sign policy has been implemented'. There was a communication care plan in each of the four care plans we looked at that had information regarding the person's capacity. This reflected the best interests of the

person and the principles of the Mental Capacity Act 2005.

Other staff we spoke with had an understanding of people's rights to make decisions for themselves and the role of their relatives if they were unable to do so.

Is the service caring?

Our findings

At the last inspection in April 2016 we asked the provider to take action to make improvements on ensuring confidentiality of records and this action has been completed.

The main office where all records were stored was seen to be locked at all times. A large round window that gave a clear view to computer screens had been covered over by a frosted screen to ensure information could not be seen from outside. All folders and confidential information was password protected on the services computers and paper records locked in filing cabinets.

We observed both staff and management talking to and supporting people at the service. Staff told us that they were committed to ensuring people received the best possible care and support. One staff member told us "I give 110% to my job and I always make sure that the people I care for are happy with what I do for them".

People and their relatives told us they valued their relationships with care staff, all commented that care staff were really friendly and respectful. One relative told us, "Staff are very caring and friendly and know exactly what is required of them and they are all excellent, can't fault any of them". One person told us that the carers go above and beyond in providing care and that their attitude was always, "Happy to help". Another person commented, "The care staff are brilliant they are very respectful to my [relative] who requires a lot of care".

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decisions about how they wanted their care and support provided. One person told us, "When I was looking for a place to live I wanted somewhere where I could call home, living the way I chose with the assistance of receiving care and support. Staff understand my need to be as independent as I can and expressing my individuality in what I like and don't like".

We were told by one person that communication was really good with the care staff however at times it was difficult to speak to the managers. We were told there had been changes to staff roles and they found that communication links with managers was not as good as it was.

There was a large notice board at the service that had contact information for people if they required the support of an advocate.

Is the service responsive?

Our findings

We were told by the assistant managers that there were activities provided for people in the communal lounges including coffee mornings. One person told us that they joined their friends who lived in the scheme to play pool a few times a week. We were also informed that trips into the community were organised and all people were invited.

One person told us that there were two dogs and four cats that were owned by other people. We were told that the animals were at times free to roam in the communal areas and that the provider did not ensure that the furniture was cleaned. We had a conversation with the managers and they had initiated a cleaning company to visit and clean areas where the animals went on a regular basis. Other people told us they loved the animals who were all friendly.

People told us they were provided with the care and support they needed to stay independent in their own home. One person told us, "This isn't a care home it's my home and the staff treat it as such. However, the care and support is excellent and it's always the same staff. The staff know what I like and provide it". Another person told us, "The care provided is what is required for my [relative] the care staff are all really good and communicate well".

We saw people and their relatives had been involved in the planning and review of their care. We were given a list of people who had recently had a care plan review and their records were written in the new provider format. We looked at four care plans one of which was in the new format and recently reviewed and one in the old format but had a review completed. The other two care plans required updating as the communication records informed the frequency of visits had increased however the care plans did not correspond. The acting managers acted on this information and visited the people to update their records.

Technology at the scheme included emergency pull cords in all flats and all people were provided with an alarm pendant that linked to an emergency response provider.

People told us they knew the complaints procedure and one person informed us they had used it in the last 12 months. We requested the complaints policy and procedure off the acting managers. We were provided with the information for two complaints that had the relevant records to show who had dealt with it, what actions had been taken and the outcome of the complaints. The complaints procedure was in each of the four homes we visited and on display on the notice board.

One person told us that there had been incidents that had been discussed with the manager and that they had not been informed about the outcome. We discussed this with the acting managers who knew about the areas discussed and gave information about what actions had taken place. The incidents had not been acted on as complaints as we were told the individual did not want to make it formal. The assistant managers told us that they would log the concerns as complaints and deal with them as required. The managers confirmed any concerns or complaints were taken seriously, explored and responded to.

We were told by the assistant managers that people would be supported with end of life care and that the relevant healthcare professionals would be requested to provide support during these times.

Is the service well-led?

Our findings

There was a registered manager who had been in post since our last inspection, unfortunately they were not available during the inspection. 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.

There had been changes in the management of the service as there were now two assistant managers with a vacancy for a third position. We spent time with the two assistant managers and the extra care manager throughout this inspection. The assistant managers knew all of the 38 people well who were being provided with care and support. The managers and care staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security.

Staff provided person centred care. We saw in each of the four care plans we looked at that they contained information on how, what and when people liked to have their care and support. This was confirmed in discussion with people and their relatives. One relative told us, "The care staff are always welcoming and will go above and beyond at times".

The management team and care staff told us that there was a good support mechanism including from the senior management team. People and their relatives told us they were asked to share their views and provide feedback about the service. There were tenant meetings and relatives were invited to the meetings. People were encouraged to have a say on the day and there was a suggestion box for any people who couldn't make the meetings.

We received copies of the last two years of satisfaction questionnaires 2017 & 2018 sent from the provider to all of the people living at the scheme who received a care and support package. The information informed that 18 people had responded and the outcomes were predominantly positive. For example, there was 100% agreement that staff understood the care needs and supported independence and treated people with dignity and respect. This information was also on display on the notice board. We asked the extra care manager how improvements were actioned from the surveys. We were told there were numerous checks and action plans initiated and monitored and feedback given to people.

We were provided with other quality assurance monitoring check records that included care plans, reviews and medication. The assistant managers told us that they completed checks and the registered manager then checked an average of 10% of their records on a weekly basis.

We were told by the extra care manager that the services provided at Brookside Court are always looking to improve for the people. We saw action plans and also discussed when and how people received the outcomes. We were told that any actions were discussed individually and if relevant a memo would be sent to all people involved.

We discussed with care staff and the managers how the service works in partnership with other agencies including healthcare. We were told by all and saw communication records that the service will support people when necessary or requested for example, one relative told us that the service initiated a physiotherapist visit their [relative] because of changes in mobility. And one person told us that the care staff had contacted their GP as they were unwell.