

## 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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 26th and 28th April 2016. We gave the registered manager 48 hours' notice of our visit as we needed to make sure she would be available to speak with us.

Housing and Care 21- Brookside Court is a domiciliary care agency providing personal care support to people living in their own home. The agency is based in an extra care living facility in Knotty Ash. At the time of our inspection there were 37 people living at Brookside Court who were receiving support from the agency with their personal care. A further eight people living in the community were receiving support with their personal care.

The agency had a registered manager. 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.

During the inspection we spoke with people using the agency and their relatives. We also looked at a range of records including care records, staff records and records relating to quality assurance of the service.

At this inspection we found a breach of regulations. This was because people's privacy was not always respected with regards to private information.

You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe with the staff who supported them. Systems were in place within the agency for identifying and reporting any safeguarding concerns that arose.

Sufficient staff were available to provide people with the support they required. People told us staff stayed the full length of time and that they had support from regular staff who they knew well. They also told us staff provided their support flexibly.

Care plans were up to date and contained sufficient information to guide staff on the support people needed. Where possible people had been involved in planning their care.

Policies and procedures were in place for supporting people with their medication and these had been followed to ensure people received the support with their medication that they needed.

Staff received the training, support and supervision they needed to carry out their role effectively. Robust recruitment procedures were followed to help ensure staff were suitable to work with people who may be vulnerable.

Staff knew people well and knew how to support people based on their individual choices and needs.

People were confident to raise any concerns or complaints they had and the majority of people were confident these would be resolved. The agency took action to seek external resolution for any complaints or concerns that they could not resolve to the person's satisfaction.

Systems were in place for checking the quality of the service provided and the views of people using the agency and their relatives were regularly obtained. Where an area for improvement was identified an action plan was put into place to address this.

## 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 was safe.

People felt safe with the service provided by the agency. Systems were in place for identifying and reporting any safeguarding concerns that arose.

Medication was safely managed by the agency.

There were sufficient staff working for the agency to meet people's needs in a flexible manner.

Infection control policies were in place and followed by staff

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Confidential information was not always protected within the main office of the agency.

Staff knew people well and provided their support in a way the person preferred.

Staff received the training, supervision and support they needed to carry out their role effectively.

### Is the service caring?

Good ●

The service was caring.

People supported by the agency and their relatives said that staff were always respectful and caring towards them.

Information about how the agency operated was made available to relevant people.

Staff knew people well and supported them on a flexible and individual basis.

### Is the service responsive?

Good ●

The service was responsive.

People or their relatives were involved in planning the support they received. Information in care plans was up to date and reflected the support people needed.

Changes to people's support needs were noted and acted upon.

People knew how to raise a concern or complaint and these were listened to. Systems were followed to obtain external resolution where a complainant remained unhappy with the outcome.

### **Is the service well-led?**

The service was well led.

The agency was led by a registered manager who provided support to the people living there and to the staff team.

Systems were in place for regularly obtaining the views of people using the agency and their relatives.

Systems were in place for checking the quality of the service the agency provided and implementing improvements where needed.

**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 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 was carried out by an Adult Social Care (ASC) Inspector on 26th and 28th April 2016. We gave the registered manager 48 hours' notice of our visit as we needed to make sure she would be available to speak with us.

Prior to our visit we looked at any information we had received about the agency including any contact from people using the service or their relatives and any information sent to us by the manager since our last inspection in October 2013.

During the inspection we spoke with six of the people being supported by the agency and with three of their relatives. We also spoke with ten members of staff who held different roles within the agency.

Following the inspection we spoke on the telephone with relatives of three people who did not live within the extra care facility but received support from the agency with their personal care.

We looked at a range of records including four care plans and medication records relating to people supported by the agency, records relating to staff training and recruitment and records relating to quality assurance of the service.

# Is the service safe?

## Our findings

People receiving support from the agency said they felt safe with the staff who supported them. One person told us, "I do - I feel very safe." Their relatives also said they felt the agency provided a safe service to people.

People living in the extra care facility had access to a lifeline call system that they could use if they needed extra support or in the event of an emergency. This was directed through to the agency and people told us that staff had always responded swiftly when they had used their lifeline.

The agency had a policy in place for supporting staff who whistle-blow. This included access to a confidential helpline number they could use. Whistle-blowing protects staff who report something they believe is wrong in the work place and that is in the public interest.

A policy was also in place to provide guidance for staff on the agency's safeguarding procedures. Summaries of both policies had been made available to staff via their handbook.

Information about safeguarding was available to people using the extra housing scheme via a poster displayed in the hallway and via a guide to the agency that they had been given.

Staff were aware of safeguarding policies including the indicators that abuse may have occurred. They were also knowledgeable about how to report any concerns that they had. Our records showed that the agency had reported safeguarding concerns to the appropriate authorities when needed.

Some of the people using the agency received support to take their medication. One person explained, "They leave the tablet out for me. They make sure I have got it." A relative of another person using the agency explained that they took responsibility for ordering medication and the person's tablets were safely locked away within their home with agency staff having a code to unlock them. They explained staff put the person's medication out for them and once they had taken it staff signed a medication record to confirm this.

Two of the people we visited in their home had support to manage their medication. On both occasions we saw that agency staff had signed to state the person had taken their medications.

Care plans contained information on the medication people took and an assessment had been carried out by the agency to establish what if any support the person required with taking their medication.

A policy was in place to provide guidance for staff in supporting people with their medication and records showed staff had received training in supporting people with their medication.

People using the service told us that staff had arrived on time and had stayed the full length of time they were needed. One person told us, "They arrive on time, stay the time" and another person said "They stay as long as you want them to." A relative of a third person who was supported outside of the extra living scheme told us, "Sometimes they go over their time a few minutes - it's not a problem for them."

One of the people who lived within the extra housing scheme told us, "I like the fact that care staff split the call." She explained staff split her evening call time so they could prepare her supper and give her time to eat it, before returning to help her to bed. She told us she really appreciated the flexibility this had provided for her.

The agency had staff on duty overnight to support people living in the extra care scheme. People receiving support outside of the scheme had access to an out-of-hours number.

Staffing consisted of a registered manager, four senior members of staff and 39 care staff. People using the service told us that they had regular staff who knew them well. They said that if a new member of staff was employed they were introduced to them prior to the person supporting them.

A system was in place within the agency for recording the times people received their care and who was providing this. Staff told us that they had sufficient time to support people and confirmed that they were flexible with the contracted hours of support people had so that their needs and choices could be met.

We looked at recruitment files for three members of staff. These showed that prior to commencing work the person had completed an application form and then had a formal interview. A series of checks had been carried out including obtaining references and a Disclosure and Barring service check. The recruitment process helped to ensure staff were suitable to work with people who may be vulnerable.

A newly appointed member of staff confirmed that this process had been followed prior to them commencing work with the agency.

Staff told us that they always had access to gloves and aprons to use when supporting people with their personal care. We asked people using the agency if staff had used these when supporting them and they confirmed that staff had. The use of gloves and aprons helps to keep people safe by preventing a possible spread of infection.



# Is the service effective?

## Our findings

People using the agency and their relatives told us that they had confidence in the staff who supported them. They said staff had the skills needed to provide their support. Comments we received included "There's not one I haven't liked." and "Main carers are brilliant."

Staff told us that they had undertaken a variety of training courses to enable them to carry out their role effectively. They also said that they had one to one supervision meetings with a senior member of staff and that spot checks of the work they had carried out. Supervision provides a formal way for staff to discuss how they are operating in their role and any support or training they may need. Spot checks involve senior staff observing how staff work with the people using the service.

Records of staff supervisions and spot checks were available within the staff files we examined. Records showed that regular staff meetings had taken place and staff told us they felt confident to speak out at these meetings and that their point of view was listened to.

The agency had a training department who organised training for staff. At the time of our inspection, records were being switched to a new system to record training and this made it difficult to track the training staff had received.

The registered manager explained that two senior members of staff including herself had undertaken a 'Train the Trainer' course to enable them to deliver training to staff. The agency had a list of training they considered mandatory for all staff to undertake. We saw that this training had commenced with 100% of staff having undertaken training in moving and handling people safely. Other mandatory training included medication, safeguarding, health and safety and nutrition, we saw that training had commenced in these areas. The registered manager explained that training packs had been delivered to her and all staff would be receiving training in understanding and supporting people with dementia.

Where possible care records had been signed by the person to give their agreement to the contents. We saw that where the person was unable to sign their care plan or contents a standard sentence had been incorporated stating, 'the above named customer is unable to sign because... this has been confirmed and the unable to sign policy has been implemented'. We did not see any evidence that assessments of people's capacity to make decisions had been carried out. The registered manager had undertaken training in the Mental Capacity Act 2005. Other staff we spoke with had a basic understanding of people's rights to make decisions for themselves and the role of their relatives if they were unable to do so. However information about whether the person had capacity or whether someone had the legal rights to make decisions on their behalf had not always been clearly recorded.

Where people required support with their meals or drinks this was recorded within their care plan. People using the agency told us that they always had the support they needed with their meals and that staff had always been willing to make them a drink if they needed it.

People told us that when they had not been well, the agency had supported them to contact relevant health professionals. One person explained, "They get a doctor if you are not well," another person told us, "They don't hesitate just dial 999."

During the inspection we heard a member of staff reporting concerns regarding a service user's health to a senior member of staff. The senior member of staff then rang the person's GP to request a visit for them.

Information about any health conditions the person had was recorded in their care plan along with contact numbers of health professionals involved in their care. In discussions with staff, they displayed a good knowledge of people's different health care needs and their role in supporting the person with these.

The main office for Brookside Court was based within the extra care building. At the time of our inspection, building works were planned to the premises including the agency's office. The office was accessible to people with mobility difficulties including those using a wheelchair.

The office was open plan and unlocked. During our inspection we observed people who did not work for the agency coming into the office to discuss matters. This included workmen and people who lived within the extra care scheme. We saw a member of staff discussing one person's details on the phone whilst a relative of another person was in the room. Confidential information regarding people using the service was in use within the office this meant there was the potential for people entering the office to view the information. This breached people's right to confidentiality. The manager told us that plans were being made for a separate room to be used to hold discussions in.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations as the provider had not ensured the privacy of the service user.

## Is the service caring?

### Our findings

People who received support from the agency were positive about staff and the support they had received. We asked one person who lived at the extra housing scheme their opinion of the agency and they told us, "I wouldn't be here if I didn't like it." A relative of a person who received support outside of the extra housing scheme told us. "I would recommend (the agency) to anyone."

People told us that they liked the staff who supported them and found staff polite and respectful. Their comments included "They are all very jolly, if I ask them they have the time." and "I have never known a place have such nice staff, they greet you with a smile." A relative described staff as "Brilliant, they are always happy."

Relatives of people using the agency said that staff were always willing to provide the support the person needed and were flexible. One relative said "They go out of their way to blend in with you, they always try to help you out." A second relative said "Nothing's too much trouble they are always willing to help." Comments we received from people being supported by the agency included "All very good, see if you want anything." Another person told us that staff were always thoughtful and caring explaining "They put blankets over me to keep me warm."

When we asked staff about the people they supported it was clear that they knew people well. Staff had a good understanding of how people liked to live their lives, the choices people made and the smaller things that made people comfortable. For example staff were able to explain people's interests and the things they liked to talk about.

Throughout our inspection we observed that staff were polite and respectful to people. For example they were fully aware that flats within the extra housing scheme were people's own home and always waited for permission before entering unless by prior arrangement.

In discussions with staff they told us that they saw it as part of their role to support relatives of people using the agency. They told us that if the relative was supporting the person then they did what they could to support the relative. This was confirmed by a relative we spoke with who told us staff asked how they were feeling and went out of their way to offer practical support if needed.

People told us that they knew how to contact the agency and had been given information about how it operated. We saw a copy of a 'Guide for Customers' that provided useful information including details of staff, how to contact the agency or complain, and some of the policies and procedures used. It also provided contact details for outside organisations that people may need. The manager told us that this guide had been given to people when they commenced using the service.

## Is the service responsive?

### Our findings

People using the agency and their relatives told us that they had found staff responsive to their needs. One person explained "They do what you want. They don't rush you." A relative said staff "Arrive on time, stay the time", and explained that when they had wanted to alter the time of their call for a particular reasons the agency had been accommodating.

One person told us they had had a review of their care "every so often" and explained that, when they had a hospital admission staff had reviewed their care plan on their return home. Another person told us "Yes they do review it."

The majority of relatives we spoke with told us that staff had reviewed the person's care plan regularly and where appropriate had discussed this with them.

Individual care plans were in place for people receiving support from the agency and we saw copies of these in the homes of people we visited. Plans contained information regarding the support people required with their medication, meals and drinks, personal care and communication. They also contained information about any health conditions the person had and how this may affect them. Staff told us that they had access to care plans and referred to them as needed. They also said that if they noted a change to the person's needs they informed senior staff who then updated the person's plan. The plans we looked at had been reviewed and updated as needed.

People told us that they knew how to raise a concern or complaint and would feel happy to discuss any concerns with staff. One person explained, "They do listen and sort problems."

Information about how to raise a complaint was made available to people using the agency via the guide they had received. This also provided information about how their complaint would be investigated and the timescales for doing so.

One relative told us that they had raised a complaint with the agency which included the fact that the agency had not returned a copy of the person's care plan to them for several months. We discussed this with senior staff who confirmed this had occurred and explained the actions that were being taken to resolve the person's concerns.

Where a complaint could not be resolved to the person's satisfaction the agency had arranged for it to be overseen by outside mediators to meet with all parties concerned to try and resolve the issues.

Records of complaint investigations had been kept by the agency however these did not always contain sufficient detail to audit how the outcome decision had been reached.

## Is the service well-led?

### Our findings

The agency had a registered manager who had worked there for many years. People using the agency and their relatives knew who the registered manager was and said they had found her approachable. Their comment included "(Name) is very nice" and "The manager comes now and again to see how you are."

Staff told us that they found the management team supportive and approachable.

The views of people using the agency and their relatives had been obtained regularly. A national survey of the agency had been carried out in February 2015 and was due to be repeated shortly after our inspection. The February 2015 survey had included, times and length of staff visits, understanding people's needs, support with independence and treating people with dignity.

Overall the survey had found a 94% satisfaction rate regarding the service provided.

A monthly survey to obtain the views of a sample of people was also carried out. We looked at the results of a survey carried out on April 2016 to which four people had responded. Comments regarding the service people had received were all positive and included 'Staff are great.'; 'I am happy with everything,' and 'very respectful'.

Internal checks included spot checks of how staff worked with people using the service and auditing care plans. Twenty percent of care plans were audited monthly by a senior member of staff to check they were completed correctly and up to date. The registered manager told us she also spot checked care files but this was not recorded.

In February 2016 the organisation had carried out an overall audit of Housing and Care 21 – Brookside Court. This was a comprehensive audit including support to people, medication management, staff recruitment, training and supervision, care planning and overall management. An action plan had been compiled based on the areas of improvement identified and we saw that work had commenced to meet this action plan.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The provider had not ensured the privacy of the service user.