North Yorkshire County Council

Greyfriars Lodge Extra Care Housing

Inspection report

40 Flints Terrace
Richmond
North Yorkshire
DL10 4DQ

Tel: 01609536403

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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 inspection took place between 13 and 19 November 2018. This was the first inspection of the service since it was registered on December 2017. Greyfriars Lodge Extra Care Housing is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people.

This service 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 or bought, and is the occupant's own home. People's care and housing are provided under Greyfriars Lodge Extra Care Housing. The scheme has a restaurant, hairdressing salon, communal areas, garden and a guest room.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was not in post. There was a manager in post whose application to register with CQC has been accepted and is being processed. Their application to become registered with CQC had been accepted. 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.

Where services support people with learning disabilities or autism we expect them to be developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen. There were no people with a learning disability or autism using the service when we inspected. Therefore, we were unable to assess and monitor if the service was following this guidance.

People told us they felt the service was safe. Staff had a good understanding of their responsibility about safeguarding adults. Risk assessments were in place which provided guidance on how to support people safely. We have made a recommendation that the provider source and use evidence based assessment tools to understand risk and to implement control measures. Medicines were managed safely. Staff had received training and were observed to ensure they administered medicines safely.

Staff had been recruited safely with appropriate checks on their backgrounds completed. Staff undertook training and received regular supervision to help support them to provide effective care.

People were supported to make choices in relation to their food and drink and to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the principles of the Mental Capacity Act (MCA) and gained consent before offering support.

The care provided was person-centred and we observed positive interactions between people and staff. Staff treated people with dignity and respect and promoted their independence. They knew people well and could anticipate their needs. People told us they were happy and felt well cared for.

Person-centred support plans were in place and people and their relatives were involved in planning the care and support they received. People's cultural and religious needs were respected when planning and delivering care and staff protected people from discrimination.

The provider had a complaint procedure in place and people and their relatives knew how to make a complaint. People were asked for their views on the support provided. The manager and provider monitored the quality of service to ensure that people received a safe and effective service which met their needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were able to explain to us different types of abuse and the action they would take to report concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People were protected from the risk of infection. Staff followed safe infection and control measures.

Is the service effective?

Good

The service was effective.

Staff undertook regular training and had one-to-one supervision meetings.

People were cared for by staff who had received appropriate training to meet their individual needs.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

Is the service caring?

Good

The service was caring.

People that used the service told us that staff treated them with dignity and respect.

People were involved in making decisions about the care and the support they received.

The service supported people to live as independently as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned in line with the needs of individuals. People were involved in planning their own care.

People and their relatives knew how to make a complaint.

Staff members showed that they respected people's individuality and would challenge discrimination.

Is the service well-led?

Good

The service was well-led.

The management team were well respected and provided effective leadership.

The provider sought people's feedback on the quality of service.

Systems were in place to monitor the quality of service provided. Actions identified during monitoring visits were recorded and followed up.

Greyfriars Lodge Extra Care 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 13 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit. This is because the manager and staff are often out of the office supporting people and we needed to be sure that they would be in.

Inspection site visit activity started on 13 November 2018 and ended on 19 November 2018. It included a visit to the office, visits to people's homes and telephone calls. We visited the office location on 13 November to see the manager and staff and to review care records and policies and procedures. At the time of our inspection there were eight people who used the service.

This inspection was carried out by one inspector. Before our inspection, we reviewed the information held about the service. This included information we received from statutory notifications since the last inspection. A notification is information about important events which the service is required to send us by law. We contacted agencies such as the local authority safeguarding and commissioners. Commissioners are people who work to find appropriate care and support services for people and might fund the care provided.

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

During the inspection we spoke with three people in their homes, one person who received support when

they need immediate assistance and one relative. We spoke with the manager, a team leader, three staff members and the scheme manager who is employed by the housing association responsible for tenant affairs and maintenance of the premises. We also spoke with one health and social care professional for their feedback on their experiences of the care provided.

Good

Is the service safe?

Our findings

People told us that they felt safe when being supported by staff. One told us, "The staff are very gentle with me especially when I tell them I am in pain. The staff know me. They are all different, but they are all good at what they do. I feel safe with them. Another said, "Staff are so very careful, they talk to me." A relative said, "[Name] is looked after safely, definitely."

The service had arrangements in place to ensure that people were safe and protected from abuse. Staff had received training on safeguarding adults. Staff knew how to identify signs of abuse and knew how to report it. One staff member said, "I would not have any problem in reporting abuse, I have done so before." Staff were familiar with the provider's whistleblowing procedure and would raise concerns about any poor practices witnessed. Staff were confident any concerns raised with the manager or team leaders would be taken seriously and addressed. The manager had liaised with the local authority safeguarding teams appropriately when necessary.

Risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. People's files contained up to date risk assessments relevant to their individual needs and this gave guidance to staff on how to support people safely. For example, risk assessments had been completed in in areas such as falls, moving and handling and eating and drinking. Records were reviewed and updated when people's needs changed.

Moving and handling equipment was checked before it was used to ensure it was in good working order and had not developed any faults. One care plan guided staff on how to move and transfer a person using their hoist. It included details about the specific slings to be used and how to reduce risks.

We looked at assessments for people who were at risk of falls. We could see that risks assessments had been completed. However, evidence based tools to thoroughly identify risks were not always used to support the assessment. We recommend that the provider source and use evidence based assessment tools to understand risk and to implement control measures. The manager explained that the provider was in the process of developing a tool which would be used to address this.

During our inspection, staffing levels were sufficient to meet people's needs. Staff rotas were organised to ensure people received support at times to suit their individual needs. On the day of our inspection, a staff member who had been due to arrive at work on a later shift phoned in sick. As the service does not use agency workers, an existing staff member was found quickly to cover this gap. The manager explained they had a number of staff who they could ask and who were willing to fill gaps in the rota. People had no concerns regarding staffing levels and told us they were supported by staff who were familiar to them.

Staff were recruited safely and were suitable to work with vulnerable people. The provider and manger followed robust recruitment procedures. References and checks had been taken up before new staff began working with people. Application forms had been completed with information about the applicant's previous work and learning experiences and interviews held to explore applicant's suitability.

Medicines were administered safely to people who needed this support. Records showed people had consented to support with their medicines and assessments gave details of the level of assistance required. Staff had received training on medicines administration and confirmed with us they were observed to ensure medicines were correctly administered. Staff completed a medicine administration record each time a medicine was administered. We looked at the most recently completed audits of these records. Where any shortfalls had been identified, action was taken to address this with staff to reduce the risk of reoccurrence.

People were protected from the risk of infection because staff followed safe infection control procedures. We observed staff wearing gloves and aprons when they supported people and no environmental concerns were identified in relation to control and prevention of infection.

The registered manager and provider had systems in place to monitor any accidents and incidents. Information was collated and analysed which looked for any trends and learning so that action could be taken to minimise the risk of any further occurrences.

Personal emergency evacuation plans were in place which gave staff and the emergency services details of people's needs if they had to evacuate the building. These had been completed and updated with the scheme manager responsible for the safety and day-to-day affairs of the tenants.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the way staff looked after them. One person said, "I don't think the carers could do anything better. I feel in control and they give me choice."

People's needs were assessed before they started to use the service. Information was obtained from other care professionals, social workers, relatives and the person. Assessments considered issues in relation to equality and diversity, such as religion and ethnicity. Assessments also included details of the person's preferences, needs, and details of how staff were to provide the required care. One staff member told us, "I strive to get people's opinions and make it a natural part of daily conversations."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included probationary supervisions, training for their role and shadowing more experienced members of staff.

Staff had access to a variety of e-learning and classroom based training. Subjects included, moving and handling, autism, first aid, safeguarding and health and safety. If additional training was required to support people with specific needs, the manager explained that this would be arranged.

Records showed staff were supported with regular supervisions and appraisals. Supervision and appraisal is a process, usually a meeting, by which an organisation provides guidance and support to staff. These were planned in advance, so the manager could monitor this closely and ensure that all relevant supervisions and appraisals took place. Supervisions gave staff the opportunity to discuss training needs and any concerns. Staff told us they felt supported and felt able to raise anything they wished. One said, "My team leader is very approachable. If I don't know something they will show me." Another explained how their team leader had supported them and described them as, "Fabulous." All staff were positive about working at the service and had opportunities to discuss best practice and share ideas in team meetings.

People were supported with their nutritional and hydration needs where their care plans detailed this. Care plans included information about each person's dietary needs and requirements, personal likes and dislikes and allergies. For example, one care plan showed what a person liked to eat and their level of independence to prepare food themselves, 'I can make my breakfast myself. I like to have cereal in the morning. I like to have fruity soft drinks or diet coke. I am not bothered about hot drinks.' We observed staff support a person with a meal. They asked what they would like and showed them the food to confirm this was what they wanted. Staff were aware of the importance of encouraging people to eat a healthy diet, but also respected their choices. One staff member explained how one person they supported enjoyed sweet foods. They said, "I always read the daily notes to see what they have eaten. The person wanted cake for lunch time. I encouraged them to have healthy food first and then offered cake."

Care records contained important information regarding medical conditions and contact details for dentists and GP's. People told us that staff had contacted the doctor when they became unwell. A health care

professional said, "Staff notice changes. They are proactive and contact us. They know people well and have a professional approach." One person we spoke with told us about the occasion when they had become very unwell. At that time, they were supported by another service. They were very appreciative of the support provided by the staff at Greyfriars Extra Care Housing and how they responded. They said, "If it hadn't been for the carers on-site I don't know what would have happened."

People who received support had 'Hospital Passports'. These contained useful information for health care professionals, such as a person's current needs and medicines. It also included a statement which reminded hospital staff that the extra care service was not a nursing home and any changes to people's care would have to be arranged before they were discharged.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found people were asked to sign their care records to document they consented to their care and support. When speaking with staff, they had an understanding about mental capacity and the importance of gaining people's consent when providing people with support. Records indicated that they had received MCA training and staff we spoke with confirmed this. One person confirmed they were asked what clothes they wanted to wear each morning.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion and were complimentary about the approach of the staff towards them. Comments included, "Staff are kind" and "The staff believe in what they are doing. They care." A health care professional said, "Staff are certainly caring and kind."

Throughout our inspection, we observed staff showed kindness and interacted with people in a friendly and reassuring way. For example, we observed two staff members support a person in their home. One helped the person to check the messages on their phone. They spoke kindly and reassured them. We could see that this helped the person to relax and they became less anxious.

Records showed people and their relatives were involved in their care and their preferences were known. People told us they had been involved in decision making and if there were any issues, they could talk with the staff. The provider told us in their PIR, "We ensure involvement from the person and any identified family member at the point of intervention/completion of the personal outcome plan." One relative we spoke with confirmed this and said, "[Name] has had their care and support reviewed and we felt very involved." One person explained how they felt involved and listened to. When something was not right in the care plan this had been changed.

Staff understood each person's individual communication needs and communicated with them effectively. For example, one care plan detailed how a person may be difficult to understand if they over exerted themselves as they would become breathless. Communication needs were identified during the assessment process and gave guidance to staff in care plans where necessary. We observed staff spoke with a person who needed careful explanations about how they were going to support them and what they were going to do next. The staff listened to what the person was saying, clarified anything they did not understand and were reassuring.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. Care plans included information about how people wanted to be supported. For example, one showed that a person needed support to get to the bathroom, but could independently brush their teeth. Another detailed that a person was independent when moving in their bed.

People's privacy and dignity was respected and promoted. Staff explained how they completed personal care tasks to ensure people felt comfortable and their privacy was respected. We observed staff knocked on people's door before entering. If the person had not heard them, staff carefully opened the door and called out their name to ensure the person knew they were entering.

Staff had received training in equality and diversity. They recognised people as individuals and during our inspection we observed and heard how staff treated every person with respect regardless of their backgrounds or beliefs. One person we visited, was supported with their religion and had communion with their church representative following our visit. Staff were aware of this person's faith and supported them to get ready for church.

Systems were in place to ensure people and their relatives knew what was happening at the service. Notice boards included events and there were a variety of leaflets displayed about support groups and specific health conditions. There was information about the local advocacy service. An advocate is a person who supports the person to have an independent voice if they do not have family or friends to advocate for them. The team leader and manager were aware of the service provided and would refer people if they needed this type of support.

Information held about people's support needs was securely stored and staff understood about respecting confidentiality. For example, when we observed staff discussing the needs of a person before they supported them. They spoke quietly before entering the person's apartment to ensure nobody could hear their discussion. Whilst in the office staff ensured the door was closed before speaking about people's needs.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs as staff were knowledgeable about the care people required. The manager explained as the service was small, staff knew people well and took time to understand their needs. They were proud of the work staff had undertaken to understand people's life experiences. We were shown two examples of life story work completed by staff with the input of the individuals they supported. Information was presented in an easy read format and included pictures, photographs and descriptions of their achievements.

People's care plans were personalised and specific to their individual needs and choices. For example, care plans contained information about people's mobility, communication, health, nutritional and hydration needs. This meant care was person-centred and gave staff guidance they needed to support them. One plan gave details about how staff were to respond to a person with a specific medical condition and when they needed to contact the doctor for advice. Another showed how important it was for a person to attend their local day centre and meet up with their friends. Care plans were reviewed and updated when people's needs changed.

The service was responsive to people's changing needs. For example, recordings showed when health care professionals were contacted for advice. Staff completed a record of each visit that provided good information about the care provided and the person's well-being.

Staff demonstrated how they supported people to prevent social isolation. They encouraged people to join in with the coffee mornings and other activities. One staff member told us, "It is important to get to know people and know what they want to do. I would go down to the restaurant with them for example." A relative told us that staff took their family member to the social activities which prevented them from being isolated in their own home.

All staff we spoke with were very committed to protecting people from discrimination and respected people's choices and individuality. A member of staff told us, "People are all different. Treating people differently because of their race or sexuality is abuse." Another said, "I would challenge abuse. It is not acceptable. I would not stand by. I would report it."

The registered manager was aware of the Accessible Information Standard (AIS). They would contact the provider, who would ensure information was available to support people in an accessible format suitable to their specific needs. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

The provider had a complaints policy and procedure. This contained details about how complaints or concerns were managed. Records showed there had been no recent complaints. One person had received a late support visit. When we discussed this with the manager they explained that staff had been dealing with an emergency. The person had received an apology. The providers audit showed that if there were complaints, the outcomes and actions taken were recorded and reviewed to minimise the risk of

reoccurrence. People and their relatives told us they felt confident to raise any concerns with staff or management.

At the time of our inspection, nobody was receiving end of life care. The manager explained the service had provided this level of support and worked with health professionals. People's needs and wishes would be included their care plans. A staff member told us, "I feel very privileged to support people at this time in their lives." A relative explained another family member who had died was supported by the team. They said, "The staff looked after them as though they were family. They were very good and responsive."

We read a number of compliments about the service. These included, 'Thank you for everything you did for [Name] while they were at Greyfriars. They could not have been looked after better than by your team. The patience and kindness shown has been incredible' and 'Our deep and heartfelt gratitude for the clear care and affection shown towards them by the team.'

Good

Is the service well-led?

Our findings

The manager was registered with CQC to manage two other extra care housing services and was based at one of those. Staff at Greyfriars Extra Care Housing explained they wanted the manager to have more of a presence at the service. Comments included, "In the ideal world, we would like to see more of them", "Being more visible would be better" and "I have not had the chance to get to know them." All the staff confirmed they were aware of how to contact the manager and when they had, they were supportive and approachable. We did not see any evidence that this had a negative impact on the service. When we discussed these comments with the manager they agreed to raise this at the next team meeting and would ensure they met with staff on duty when they visited the service. The manager recognised that having three services meant they had to share their time and felt this was achievable. The team leaders contacted them regularly and if there were urgent issue's they would be able to respond quickly.

During our inspection, staff spoke with enthusiasm about their work. They were committed to the people they supported and were proud of the quality of care provided. One staff member said, "I like making a difference. It's the best job ever. We work well together as a team." Another told us, "People I support tell me they trust me and I am approachable. This gives me a great deal of satisfaction."

We looked at the minutes from monthly team meetings and could see that staff were involved and able to share their opinions. The service had champions for areas such as dementia and specific health conditions. Champions are staff who have specific interests and share best practice and their learning with other staff to ensure people received good care and treatment. Champions shared information within team meetings which enhanced learning. Policy and procedures were also discussed.

The manager understood and had carried out their responsibilities with regards to submitting statutory notifications, as required by law for incidents such as serious injury and allegations of abuse. Where appropriate, information was shared with other agencies. The manager explained they would discuss and seek advice from their line manager and liaise with the provider's quality and monitoring team, when concerns were raised to ensure appropriate actions were taken. They felt supported by their peers and attended regular meetings to keep up-to-date with best practice.

People and their relatives were asked for their views on the care provided to help drive improvements. People were asked questions relating to their experiences of the support offered such as if they felt supported to make their own choices and decisions, were the staff polite, and had they received enough support to meet their needs which included social interaction? People's feedback was positive and all were happy with the support provided. Staff we spoke with and our observations showed the atmosphere at the service was welcoming and friendly.

There were links with the community and members of the public were encouraged to attend functions at the scheme and eat in the restaurant. An adapted bathroom was available for people with disabilities who were supported by their own carers. Facilities and a sensory room were used by an organisation who supported people with learning disabilities. Information about events was displayed. These included

computer classes and coffee mornings.

On the day of our inspection there was an issue with people's call bells, which the housing association was aware of and dealing with. The service liaised with the scheme manager to ensure a system was put in place to alert staff if people needed urgent support. Calls were diverted to a call centre who then contacted the staff. The team worked well together and ensured they were visible around the building to respond quickly. The manager arranged to meet with the scheme manager to discuss any lessons learnt and what could be done differently if this type of event occurred again.

The provider and manager carried out checks and audits of all areas of the service. They had a quality audit action plan in place. They looked at things that worked well, and identified areas for improvements. For example, the last audit had identified that a relief staff member required updated training and dignity and care had not been discussed at every team meeting as this was a standard item.

There were positive working relations with other professionals which promoted and supported people's needs. A health and social care professional told us communications were good and staff were always helpful and supportive. The housing scheme manager confirmed they had a positive working relationship with the manager of the service. They said, "We have an excellent working relationship and the manager keeps me updated. We have shared fire safety training and work well together to ensure people's safety. The staff are very approachable. They are all for the client's welfare. You can't get better advocates. They are the best."