

Origin Housing Limited

# Speedwell House and Court

## Inspection report

84 Woodside Park Road  
Finchley  
London  
N12 8SD

Tel: 02072845450  
Website: [www.originhousing.org.uk](http://www.originhousing.org.uk)

Date of inspection visit:  
16 April 2019

Date of publication:  
15 May 2019

### 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

### About the service

Speedwell Court provides housing provision, support and practical assistance to 10 people with autism. On the day of our visit there were 9 people living at this unit and 2 people who were receiving support with personal care. Speedwell House is an "extra care" housing provision operated by Origin Housing. There are 25 flats available for rental. At the time of this inspection Origin housing did not provide personal care to any of the tenants in Speedwell House.

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 consider any wider social care provided

### People's experience of using this service

People told us people they were very happy living at the scheme because they felt safe and all their needs were met by kind and caring staff.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager. The provider employed enough staff to make sure people's need were met in a timely way.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained detailed information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Staffing levels were enough to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People continued to receive a service that was responsive to their individual needs and preferences. Most people had complex needs and staff involved other professionals, to ensure they gained a full understanding of the factors influencing each person and further developed an individualised approach to their care. They had access to a range of activities and were encouraged to participate in events in the local

community.

The managers of the service actively sought the views of people and their relatives about the running of the scheme and they dealt promptly with any concerns that people raised.

The provider had a number of systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 11 October 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

## 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 safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains safe.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Speedwell House and Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one adult social care inspector.

#### Service and service type

Speedwell House and Court is registered to provide domiciliary care and a supported living service. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We carried out the inspection visit on 16 April 2019. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

#### What we did

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home service that the provider is required by law to let us know about. On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the

service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

During our inspection we spoke with the registered manager, a support worker and two people who used the service. We looked at two peoples care records and two staff files as well as other records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us "I feel safe here, we are well taken care of."
- A member of staff told us "The safety of the person is a priority. We make sure they are protected from the public and sometimes even their relatives,"
- The provider had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report to if they had any concerns about people's safety.

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life. People had comprehensive risk assessments which included step by step guidelines for staff to follow for every activity which had a level of risk involved. These guidelines ensured the risks were appropriately controlled while enabling and encouraging people to lead full and active lives.
- Risk assessments had been completed in a number of areas including self-harm, financial management and self-neglect.
- Staff could tell us of potential triggers and described to us what they would do to support the individual and how they would diffuse the situation effectively with a positive outcome.
- There were regular health and safety checks done, including fire safety and the registered manager told us that maintenance issues were dealt with in a timely way.
- Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is a bespoke escape plan for individuals who may not be able to reach a place of safety unaided or within a satisfactory period in the event of any emergency, such as a fire or flood.

Staffing and recruitment

- The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- There were enough staff to meet people's needs and keep people safe.

Using medicines safely

- At the time of this inspection people did not require any support with medicines.

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to

protect people from the spread of infection. They followed good practice guidelines, including encouraging people to wash their hands thoroughly.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People confirmed that they had their needs assessed before they offered them a place at the service.
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The registered manager told us that they kept up to date with good practice in many ways, including attending meetings and reading publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Some staff were working towards achieving nationally recognised qualifications in care.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- The registered manager told us they had requested that all staff complete the Care Certificate workbook. This is a set of fundamental standards health care professionals are expected to complete when supporting people in health and social care settings. □
- Staff felt very well supported. They had supervisions and appraisals and told us "we are really well supported here, we have regular staff meetings and supervision."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to maintain independence and prepare their own meals.
- People's weight was monitored on a regular basis

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as social workers, GPs and psychiatrists to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to maintain their health and wellbeing through regular appointments with healthcare professionals and each person had a detailed Health Action Plan. Contact with GPs was made when needed and people attended their hospital appointments with the support of staff.
- A person using the service told us "I usually attend my own hospital appointments, but staff will come if I

want them too."

Adapting service, design, decoration to meet people's needs

- The staff worked hard to make sure that they decorated and furnished the scheme to meet people's needs. They involved people living at the home in decisions about changes to the environment.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- 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 there was no one subject to a DOLS who was living at the scheme.
- Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with enough information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent
- A person using the service told us "They know when I need a push or when to step back."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. Comments included "They are very kind, hardworking and attentive." And "The current group of staff are the best we have ever had, they always respect my privacy."
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people. One staff member told us, "we treat people with respect, based on their needs and choice and we listen."
- There were detailed communication plans in place. A member of staff told us "when people have difficulty communicating we use pictures or photographs."

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly asked for their views on their care and their plans. One person told us, "Yes they always listen to us, we have to sign that we agree to our support plans."
- Staff told us that they had time to sit and chat and engage with people to make sure that each person had everything they needed. A member of staff told us "we listen to them, we are here to empower them, so they can lead an independent life."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. One member of staff explained that their role was to give people who lived there, 'a full meaningful life'.
- Prior to people moving into the scheme the manager encouraged them to meet staff and other people and to consider how they would fit into the home and live there.
- People and their families routinely completed life histories, and this enabled staff to develop meaningful relationships and have respect for people as individuals.
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them.
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors. A staff member told us "we don't go into people's flats if they don't want us to."
- Staff encouraged people to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person retain their skills.
- People were encouraged to maintain good relationships with their family and staff had also developed close ties with people's relatives.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs
- People received personalised care and support specific to their needs and preferences. Each person was an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- People's specific interests, hobbies, and pursuits had been documented and recorded within their care records, and we saw that staff were passionate and committed to ensure people were able to engage in whatever activity they chose.
- Some people were engaged in part time work and attended college courses.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. There was a focus was on decreasing the number of support hours when people became more independent. We also saw how one person was supported to maintain good budget management, following a period of overspending.

Improving care quality in response to complaints or concerns

- We looked at the complaints records held at the head office and noted that the service had not received any recent complaints.
- People told us that they had never had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.

End of life care and support

- People using the service did not receive any support in this area.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us that the managers of the service were visible and known to them and approachable. We saw them to be kind, caring and that they knew everyone extremely well including their relatives. A person using the service told us "All the managers are always brilliant and helpful."
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "the managers are always available, approachable and they know the tenants well." The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided strong leadership and everyone we spoke with said "they liked and respected him."
- Staff were happy, and proud to be working at the service. One member of staff told us, "I really enjoy my job it's very rewarding."
- The registered manager understood their legal duties and submitted notifications to CQC as required.
- Regular audits were completed and covered areas such as people's care records, safeguarding, risk assessments, health and safety and infection control. This was so any patterns or areas requiring improvement could be identified. Completed audits fed information into action plans.
- The provider made regular visits to the schemes to undertake spot checks to ensure that the service was providing high quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve. A member of staff said, "We can always voice our opinions; we have regular opportunities to feedback."
- The provider sent surveys to people, relatives and staff each year.

#### Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. They discussed any issues with staff and put action plans in place to monitor and drive improvement.
- The registered manager told us that the provider held an annual managers conference and a care and support Staff Conference. These conferences he told us provided a chance to share good practice and meet colleagues from other departments. The scheme had gained Autism Accreditation with the National Autistic Society.

#### Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority learning disability teams to ensure that people received joined-up care.
- The provider ensured that they worked proactively with the landlord arm of the organisation that people rented their home from. People held their own tenancy and managed their own affairs relating to their housing needs. When required staff supported them to ensure repairs were carried out and essential safety checks were undertaken. A person using the service told us "when my fire extinguisher was broken, they fixed it quickly."