

Housing 21

Housing 21 – Summer Field Court

Inspection report

Altona Close
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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

About the service

The provider is registered with us to provide personal care and support for people who live in their own homes. People using the service lived in a large gated community in one building in Stone. There were 72 flats on the complex. People had their own flats as well as access to communal areas on site such as shops, restaurants and a hair salon.

People's experience of using this service and what we found

People were supported in a safe way. There were enough staff available for people. Risks to people's safety were considered and reviewed and lessons were learnt when things went wrong. Medicines were managed in a safe way and actions were taken to ensure infection control procedures were followed in people's homes.

People were supported by staff they were happy with. People were encouraged to remain independent. They were offered choices and their privacy and dignity was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. People had access to health professionals when needed. They were supported to maintain healthy diets.

People received care based on their assessed needs. People's preferences were taken in to account. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

There were systems in place to monitor the quality within the home. Staff felt supported and listened to. People and relatives were happy with the care they received. Feedback was sought from people and relatives who used the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (30 September 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

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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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care 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 bought or rented and is the occupant's own home. 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 service.

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had recently left the service and notified us of this. There was an acting manager in place whilst the provider recruited to this position.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 8 October 2019 and ended on 8 October 2019. We visited the office location on 8 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with four people who used the service and one relative. We also spoke with two members of care staff and the acting manager to gain people's views about the care and to check that standards of care were being met.

We looked at care records for four people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out to ensure people received a safe and effective service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People felt safe being supported by staff. One person said, "The staff are very good, they make me feel safe. They take their time and look after me well. I have no concerns." People and relatives confirmed they had no concerns about safety.
- Risks to people's health and wellbeing were considered, assessed and regularly reviewed. When people's needs changed we saw this had been considered and risk assessments updated to reflect this.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately in line with these procedures.
- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training. One staff member said, "It's about keeping people safe and reporting any concerns. We would report any abuse or changes or anything unexplained, like bruising."

Staffing and recruitment

- People and relatives confirmed there were enough staff available to meet people's needs. One person said, "They are usually on time, there seems enough."
- We saw there were enough staff available to offer support to people.
- We saw pre-employment check were completed before the staff could start working in people's homes.

Using medicines safely

- When people needed support with medicines they were happy with the support they received. People received their medicine as prescribed. One person said, "They are good with my tablets, I have them when I should, they don't forget."
- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Preventing and controlling infection

- Staff told us they had access to gloves and aprons which they used when they were offering support to people in their own homes. This minimised the risk of cross contamination.

Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, when safeguarding incidents occurred the provider had a lesson learnt log. This had a clear agenda that identified, what we did well, what we could have done differently, what did we learn and actions for improvements.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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's gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were holistically assessed and considered.

Staff support: induction, training, skills and experience

- The provider had a structured 12-week induction process in place and we saw new staff were completing this during our inspection. Following their induction staff received ongoing training to ensure they knew how to support people.
- Staff had adequate skills and experience to fulfil their role. One person told us, "They know what they are doing. The staff always tell me what training they have had recently. I think there is some going on today. They know how to use all my equipment in the flat."

Supporting people to eat and drink enough to maintain a balanced diet

- When staff offered support to people at mealtimes, they ensured people were offered a choice of what they wanted to eat. One person said, "They shout out what I have in my fridge and I have a bit of what I fancy."
- People's dietary needs had been assessed. When people required specialist diets we saw information was in place for staff to follow and they were aware of people's individual risks.

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

- Staff worked with other services to ensure people received care which met their changing needs. For example, people were regularly reviewed by other professionals.

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

- People had access to healthcare professionals and their health and wellbeing was monitored.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. For example, speech and language therapists, when concerns with their eating and drinking had been identified.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- We found when needed mental capacity assessments were in place for people and decisions had been made in people's best interests.
- Staff were able to demonstrate an understanding of the act and when they should gain consent from people.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated in a kind and caring way. One person told us, "The staff are very good, they take time and know what they are doing, some are better than others, but I am happy with them."
- Staff knew about people's preferences and backgrounds and were able to describe people in detail.

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

- People were encouraged to make choices about their day. The care plan we looked at considered choices and preferences throughout and staff provided support accordingly.
- We saw that reviews of people's care were taking place, both people and relatives were involved with this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Staff gave examples of how they would support people with this. Staff explained how they would lock people's front doors when delivering personal care to ensure no one could wander in.
- Staff gave examples how they encouraged people to remain independent. One staff member said, "[Person] likes bread and butter with each meal, so I encourage them to prepare that themselves. I say come in the kitchen and do you bread and butter. Once they have done it I encourage them to take it into the other room themselves."
- Records we reviewed reflected the levels of support people needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and their needs were met. People and relatives confirmed this to us.
- People had care plans which were personalised, detailed and regularly updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- The provider met the Accessible Information Standard.
- People had information in their files to ensure staff had information available about how they communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities they enjoyed. We saw people went out in the community.
- There were various group activities available within the building should people wish to participate in them. We saw some people accessed these activities where as others preferred to remain in their flats.

Improving care quality in response to complaints or concerns

- People and relatives knew how to and felt able to complain.
- The provider had a complaints policy in place.
- When complaints and concerns had been raised they had been responded to in line with the providers procedure.

End of life care and support

- There was no one currently being supported with end of life care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality checks were completed within the service. These included audits on care files and medicines. Where concerns with quality had been identified we saw improvements had been made. For example, when medicines errors had occurred, these had been investigated and discussed with the staff member to reduce the risk of reoccurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff spoke positively about the management team and the support they received. One person said, "The acting manager is great, she stepped in before we hope she gets the job permanently."
- The management team were available and visible during our inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the manager and provider.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the manager and the provider. They had the opportunity to raise concerns by attending team meetings and individual supervision sessions. They felt they were listened to and when needed action was taken.
- The manager and provider ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The provider sought the opinions of people who used the service. People and relatives were given the opportunity to attend meetings and reviews to discuss and share any concerns.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.