

Housing 21

Housing 21 – Cinnamon Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Housing 21 – Cinnamon Court provides care and support to adults living in specialist 'extra care' housing. At the time of the inspection, 40 people aged 55 and over were living at the service and receiving personal care. The service can support up to 40 people. People live in self-contained flats across three floors of the service in the London Borough of Lewisham.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is 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

The provider's safeguarding procedures were followed by staff to protect people from the risk of abuse. Any allegations of abuse were referred to the local authority safeguarding team for investigation. People said staff treated them with kindness, were helpful and provided care in a compassionate way.

People were supported with the administration of their medicines as prescribed. Medicines administration records were completed as required and audited to ensure these were completed accurately.

People had risks identified and managed by staff. Risk assessments and management plans guided staff to reduce these risks. Assessments and reviews of people's care took place, but some people said they were not involved in this process.

People had meals that met their nutritional needs and reflected their choices. There were enough staff to meet people's individual care and support needs.

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 supported this practice.

The provider's complaints process was available so people could make a complaint if they were unhappy with an aspect of their care. People and staff were asked for their views on the service. The feedback was positive and demonstrated that the registered manager was approachable and supportive to them.

We have made one recommendation about involving people in decisions about their care.

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 (Last report published on 10 May 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Housing 21 – Cinnamon 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. This inspection was planned 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

This consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built accommodation. The accommodation is 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 and support service.

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

Notice of inspection

This inspection visit was unannounced. Inspection activity started on 30 September 2019 and ended 16 October 2019. We visited the office location on 30 September 2019 and 16 October 2019.

What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. The provider was asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people using the service and one relative. We spoke with the registered manager and three care workers.

We looked at seven care records and seven medicine administration records (MARs). We looked at five staff records and other documents relating to the management of the service. We also completed general observations of the service.

After the inspection we continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports and policies records. We received feedback from two health and social care professionals.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe living at the service. Comments included, "I feel very safe because of the bell system and carers look after us very well" and "We have an alarm button round our neck. I've used it twice. They were very quick. I pressed it for my friend too. A care worker came in two minutes and called an ambulance."
- Staff implemented the provider's safeguarding policy guidance to help protect people from the risk of abuse. Staff understood the different types of abuse and their responsibility to report an allegation of abuse for investigation promptly.
- The registered manager had records of all current safeguarding allegations with their outcomes.

Assessing risk, safety monitoring and management

- Staff assessed risks associated with people's needs. Staff identified risks for people that included their mobility, nutritional, mental health and physical care needs.
- Each risk was recorded on a risk management plan that provided details on how staff supported people to reduce those risks.
- Risks management plans were reviewed when people's needs changed. Any new risks found were updated in people's care records to ensure staff had access to people's current information.

Using medicines safely

- People were supported with their medicines as prescribed. One person said, "I get my medication. That's important." People were supported to take their medicines independently and had an assessment to ensure they were safe to do so. One person said, "They always ask me if I've taken [medicines] because I self-medicate."
- Each member of staff had an assessment of their skills to support people with their medicines. Records showed that staff had completed medicines management training and were competency assessed before they were safe to support people.
- Staff completed Medicines Administration Record charts (MARs) when they had administered medicines. MARs were audited to identify and address any errors in the management of medicines.

Staffing and recruitment

- There was a staff rota in place at the service. We reviewed the rota for the previous month and we found that there were enough staff to meet people's needs. People said, "Yes, there are enough carers, I think. They're here at weekends and nights. They come every ten minutes" and "I have two carers. I have a morning call and at teatime call and they check up at me again at 9pm."

- There was a robust recruitment process in place to recruit suitable staff. Staff files showed that pre-employment checks took place and were returned before staff began to work at the service. As part of the recruitment process staff provided previous employer's job references, personal identification documents and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

Preventing and controlling infection

- The provider's infection control policy in place was known and followed by staff. The communal areas of the service were clean and clutter free which reduced the risk of trips or falls.
- Some people had support from staff to complete housework and laundry if this was part of their care package. People commented, "Cleaners come in every morning and give the flat a good going over once a week. They mop the floor in the bathroom and the kitchen" and "A care worker comes to polish and Hoover once a week. Our laundry is done once a week and is beautifully folded."
- We found that one person did not always have this support consistently. We spoke with the registered manager about a concern about the visibly dirty floor of a person's flat when we visited them. However, the registered manager said the person often refused support from care workers and did not have any formal support with housework.

Learning lessons when things go wrong

- The registered manager recorded all accidents and incidents that occurred at the service. All incidents were reviewed and the outcomes were shared with staff for an opportunity for learning.

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.

Staff support: induction, training, skills and experience

- The registered manager ensured staff had support through an induction, training, supervision and appraisal. During their induction newly employed staff shadowed experienced staff and completed training to help them to become familiar with the service and the people they were working with.
- The provider had a programme of mandatory training. Records showed that staff had completed training in safeguarding, medicines management, first aid and infection control. Staff said, "I have completed lots of training this year" and "Safeguarding, medicines and dementia care are the trainings I have done this year and there are more as well." Staff on induction had training devised around the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- There were arrangements in place for staff to have a supervision in line with the provider's recommendations. Supervision meetings were used by staff to review their daily practice and identify any further support that was needed. Staff had an appraisal each year and they reviewed their job performance and any areas for improvement.

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

- Staff assessed people's care and support needs and ensured people choices were sought and recorded in their care plan. Assessments captured people's details related to their personal care, physical health, mobility, religious and cultural needs.
- Assessments provided staff with sufficient information to provide appropriate care and to establish whether staff could meet people's needs before they moved into the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to health and social care professionals for additional advice and support when people's health conditions changed.
- Records showed, and people told us they visited their GP when this was needed. People said, "They contacted a doctor for me last time" and "I have a nurse for my insulin." When health care professionals visited people, they recorded details of the visit and any actions to be taken by staff were shared with them, so people continued to have these needs met.

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

- People had enough food and drink to meet their individual needs. Comments included, "I go out and get fish and chips" and "I have enough food provisions." A member of staff said, "Twice a week a choice of meals

is given when staff ask people what they would like for lunch for the next coming days. Every day there is a different meal, every week a different menu."

- People's care records had details of staff support with meal preparation and when they completed shopping.

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 take 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and we found the provider was meeting their obligations.

- People consented to their care, treatment and support before staff supported them.
- Staff had completed training in MCA and DoLS and knew how to support people to make decisions in their best interests when they lacked the ability to make specific decisions independently.

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.

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

- People gave mixed views of their experiences of being involved in their care and support planning. Comments included, "We have meetings and have discussions" other people said, "I have no say in my care," "There's no involvement in my care plan. There was no meeting to plan it out, but they make notes of what they've done" and "I think it's in my care book in my room." However, we saw examples where people's care records were updated and reviewed by staff when people's needs changed but these did not always contain people's or a relative's signature to confirm they were involved in the care plan review.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

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

- People said staff were kind and caring when providing care and support to them. People said, "They listen to me and take their time when giving care", "They're friendly, they'd say, 'hello sir'" and "Staff are pleasant, helpful and always polite." People said staff understood them well and provided the support required to meet their individual care needs.
- The registered manager had an assessment that included the needs of people who self-identified as lesbian, gay, bisexual and transgender (LGBT). Staff were also scheduled to attend LGBT training to help them develop their knowledge to effectively meet people's needs.
- Staff recorded on assessments people's cultural heritage and religious beliefs and people were able to meet these needs independently. A care worker said, "We celebrated Black History Month and people made flags of countries that famous people linked to Black History came from. These will be put up as a display around the service including images of prominent black people such as Jesse Jackson."
- Care records contained information that was important to people and reflected their personal history, important relationships, likes and dislikes and individual care needs. Staff knew people well and understood how they liked their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and ensured they received care to protect their dignity. One person said, "I need help to shower. They help me in the morning. They're respectful."
- During our observations we saw staff respected people's privacy and they told us that staff knocked on their door and greeted them on arrival which made people feel respected by staff in their home.
- People were encouraged to be as independent as possible. People managed their independence

according to their level of ability. Some people were independent in accessing their local community to take part in activities they enjoyed. One person said, "I go out for walks every afternoon."

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 remained the same. This meant 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; 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

- Each person's care and support needs were assessed before they moved into the service. Staff recorded people's views of their care, medical conditions, likes and dislikes in relation to how they wanted their care delivered.
- There were some activities provided by the service that people attended and enjoyed taking part in. People commented, "I go to the activities. I'd like to go out and enjoy myself" and "We are picked up in the morning to go to the day centre."
- We observed people and a care worker were sitting together in the lounge. Each person had a newspaper and people chose an article to read and discuss it with each other. People seemed to enjoy this activity because they were engaged and discussing current affairs with each other.

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 carers.

- People's care records had details of people's individual communication needs, such as visual or hearing impairments. We did not see any written information provided for people in a different format for example, in large print for people who had visual impairments. However, no one told us they needed information given to them differently.
- Staff knew how to communicate with people in an effective way and any concerns about changing needs in this area were reported promptly to the registered manager to address any concerns.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place which was made available to people when they moved into the service. Two people said they had complained about the care and support they received and the registered manager was dealing with these. People were confident to raise a complaint if they needed to, they said, "I [have not made] any complaints yet" and "I'd go to the management."
- All complaints received were recorded, reviewed and monitored to ensure these were managed in line with the provider's complaints procedures.

End of life care and support

- At the time of the inspection the service did not support anyone who required end of life care. Care records contained an advanced care plan that had details of the care people wanted at the end of their lives. If people had funeral arrangements in place a copy were placed on people's care records.
- The registered manager confirmed there were systems in place for people if their needs changed resulting from a life limiting illness .
- End of life training was made available for staff to complete to help them to develop the skills to care for people who required this care. The registered manager was aware of the health care professionals who would be contacted if a person using the service required this support.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff said the service was managed well. One person said, "[The registered manager] comes around once a week. He chats with me." Staff said the registered manager was 'very helpful' 'really listens to me' and is 'very approachable and supports me in my job.'
- People were asked for their feedback about the service including the care and support they received. One person said, "The care workers help me fill in the questionnaire. Every three months." People said they were comfortable living in the service and could be as independent as they wanted to.
- People gave their opinions of meals that were provided at the service. A member of staff said, "Every day we give people a set of each of the stickers with faces on them. A green smiley face if they enjoyed the food, a neutral orange face if the food was O.K. and a red sad face if they didn't like the food. People chose one of the three faces, which are tallied every day to find out what people like eating." During our observations most people chose the green smiley face to show they enjoyed their meals.
- Staff and people attended regular meetings about the service. Minutes of these meetings were recorded so staff and people were able to update themselves in discussions about the developments within the service.

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

- The registered manager understood their responsibilities regarding the duty of candour. They understood incidents must be shared and reported as required.
- The registered manager sent notifications to the Care Quality Commission (CQC). This provided CQC with details of concerns, so action could be taken promptly as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager used the systems in place to review and monitor the service. This helped to establish whether the service was of good quality. Senior managers completed internal audits and an action plan was developed with details of any recommendations to improve the service.
- The registered manager had an oversight of the service and all care, maintenance and management records were kept up to date and reviewed to ensure any outstanding actions had been managed appropriately.
- Any areas of concerns found were shared with staff. Records showed that the registered manager had

reviewed their medicine management process and as a result staff changed the way that medicines administration was recorded which was more effective for the service.

Working in partnership with others

- Staff and health and social care professionals worked together to meet people's individual needs so people received effective care.
- During the inspection we observed staff worked with visiting health care professionals, including people's GPs and a district nurse. Two nurses and mental health professionals told us that staff understood people's needs and implemented professional advice and guidance to ensure people received safe and appropriate care.