

## Housing & Care 21

# Housing & Care 21 - Swallowdale

### 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

Housing and Care 21 - Swallowdale provides personal care and support to people who live 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, 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 the provision of the personal care service. Housing and Care 21 - Swallowdale has 64 properties. At the time of our visit there were 40 people receiving personal care support.

At our last inspection in May 2017 the service was rated 'Requires Improvement'. At this inspection, we found the service 'Good'.

The inspection took place on 12 April 2018 and was unannounced and was undertaken by two adult social care inspectors.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

The service people received was safe. There were effective safeguarding systems in place and all staff had received safeguarding training. Staff knew what to do if safeguarding concerns were suspected or witnessed. Safe recruitment procedures ensured unsuitable workers were not employed. Any risks to people's health and welfare were assessed and management plans put in place to reduce or eliminate that risk. There were sufficient numbers of care staff employed to meet people's needs. Where people were supported with their medicines this was done safely. Staff received safe administration of medicines training and their competency to support people properly was reviewed. The staff took appropriate measures to prevent and control any spread of infections.

The service was effective. People's care and support needs were assessed to ensure the supported living environment and care services were appropriate to meet care and support needs. Staff were trained and had regular supervision with the registered manager. People were supported with meal preparation where this had been identified as one of their care and support needs. People were supported to access any health care services they required. People's capacity to make decisions for themselves regarding their care and support was assessed and kept under review. The staff were aware of the principles of the Mental Capacity Act 2005 and understood their roles and responsibilities in supporting people to make their own choices and decisions.

People received a caring service. Staff treated people with kindness, respect and dignity. People were

included in making decisions about their care and in planning the care and support they received. People told us staff were helpful and treated them with dignity and respect. Staff supported people to remain as independent as possible. People's care plans detailed information about their likes and dislikes, background, religious needs and required care support.

The service was responsive and each person had a person centred plan of care and support and the staff team were able to provide support flexibly. There was continuity of care as people told us the same staff visited. Feedback was gathered from people regarding their views and experience of the service they received. Information about how to raise a complaint was available to people and people knew who to speak with if they had a concern.

The registered provider had a clear management structure with effective systems and processes to oversee the quality of services and care provided. All staff spoken with told us of their commitment to provide people with a quality service. People told us they found staff approachable and responsive to their needs. There were regular 'resident' meetings where people could share their views and opinions about the quality of the service they received. There were also quality audit processes completed by management team and registered provider to ensure the service continued to meet people's needs to the standards they expected.

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 had received training in safeguarding and knew how to identify and report potential abuse and concerns.

People's risk assessments were detailed and regularly reviewed.

The provider followed safe recruitment procedures.

Medicines were administered to people safely.

Staff followed appropriate infection control procedures to prevent infection.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was well-led.

People told us the management was approachable and their opinions were sought for service improvement.

Staff felt supported and enjoyed working with the provider.

Quality assurance systems were in place to check the care people received.

People were happy with the support they received and were invited to comment on the quality of the service.

# Housing & Care 21 - Swallowdale

## **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 12 April 2018 and was unannounced which meant no one at the service knew we were coming. The inspection was undertaken by two adult social care inspectors.

Before the inspection the provider completed a Provider Information Return [PIR]. 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the registered provider is required to send us.

We spoke with six people who lived at the service to gain their views and experience of the service provided. We also spoke to the registered manager, an assistant manager, two relatives and four staff.

We spent time observing the care and support provided and the interaction between staff and people. We looked at eight people's care files, medicine administration records, six staff recruitment records as well as staff training and supervision records, the staff rota and staff team meeting minutes. We spent time looking at the registered provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting

minutes and surveys.

# Is the service safe?

## Our findings

At our last inspection in May 2017 we found the service required improvement as they did not always follow safe recruitment procedures. At this inspection we found that improvements had been made. We have rated this domain as good.

All the people we spoke with told us they felt safe with the staff who provided their care and support. One person told us, "I feel very safe here, the staff are really nice." Another told us, "Yes I feel safe." People told us they felt comfortable to approach staff if for any reason they did not feel safe. People had call bells they could use to alert staff in an emergency situation, and these were checked by staff regularly to make sure they continued to work effectively.

The registered provider had a safeguarding policy which was due for review in June 2018 to ensure it contained up-to-date information for staff on what was expected of them. The policy was accessible to staff in the office. Staff received training on the prevention of abuse and demonstrated they knew how to protect people from the risk of abuse. Staff were aware of the different types and signs of possible abuse and their responsibility to report and record any concerns promptly.

Staff we spoke with had a good knowledge of the risks associated with individual people's care and the actions they needed to take to minimise them. Risks relating to each person's care were assessed and risk management plans were in place for staff to follow. They included information such as how to manage risks associated with a person's mobility, medicines, bathing, nutrition and skin care. Daily records completed by staff confirmed risk management plans had been followed.

All people we spoke with said there were enough suitably trained staff to meet their care needs and staff stayed long enough to make sure their needs were met. People also told us staff who came to support them were generally on time.

The assistant manager told us there were enough staff to deliver the care and support people required, and said there was flexibility in the staff rota if there were unavoidable absences such as staff sickness. This was confirmed on the day of our visit when we saw an additional staff member on duty who was not allocated any specific care calls but was ready to respond when required.

At our last inspection in May 2017 we found the service required improvement as they did not always follow safe recruitment procedures in regard to references. At this inspection we found that improvements had been made. Staff told us when they were recruited, all of the required checks were carried out before they started work. This included a 'Disclosure and Barring Service' check (to check for any criminal convictions) and written references from employers. Records showed recruitment checks were completed before new staff started work. This was to reduce the risk of unsuitable staff being employed to work with people who used the service.

People were safeguarded against the risks associated with medicines. The service had a safe administration

of medicines policy and only supported those people where assessment had determined a need. Care staff received training in safe medicine administration and their competency was rechecked on an annual basis or sooner, when required. Staff training records and records of competency checks were seen and care staff confirmed these arrangements. Where people needed support with their medicines a plan of care was written and detailed the level of assistance the person needed. One person told us, "Staff always give me my medication on time."

The service had measures in place to manage the control and prevention of infections well. Staff had access to policies and procedures on infection control and received training as part of the mandatory training programme. Care and support workers were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included gloves, aprons and hand sanitising gel. We observed some staff wore items of jewellery and/or false or painted nails. We discussed this with the registered manager who assured us that this would be addressed immediately.

There was a system to record and monitor any accidents or incidents to ensure any risks associated with these were identified and managed to keep people safe. These were checked by the registered manager to help make sure any risks were managed to reduce them happening again.



# Is the service effective?

## Our findings

People continued to receive a service that was effective.

People's needs and choices were assessed and recorded in their care plans, which were regularly reviewed and updated. This ensured the service was able to meet the person's specific care and support needs and the staff had the required skills and experience to deliver care effectively. Person centred service reviews, including the person, were carried out to evaluate how their needs were being met and in order to ensure the support plan was effective.

New staff members were provided with effective support when they first started work. They completed an induction to the service and started working towards the Care Certificate unless they were qualified to a higher level. The Care Certificate is an identified set of standards for health and social care staff. It sets the standard for the skills, knowledge, values and behaviours expected. During the induction period staff spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. Staff also worked through a probationary period to ensure they had the skills needed. One staff member told us, "I found the induction to be thorough, It gave me everything I needed."

There was an 'Equality and Diversity' policy which discussed types of discrimination and unlawful practice which staff needed to be aware of. The registered provider supported staff in their understanding of this by providing them with equality and diversity training so they understood the importance of supporting people's individual needs and preferences. This included their understanding of people's needs related to their gender and sexual orientation, cultural and religious needs.

Staff told us they had an appraisal each year where objectives for them to meet were set and their performance assessed. They also had regular supervision meetings with their line manager where they could discuss their role and any concerns. One staff member told us, "I have supervision meetings regularly. We discuss any concerns, training needs and ideas."

At lunchtime we saw some people were supported by staff to access the restaurant in the communal area of the building. There was a range of meal choices available to them and which they told us they liked. Other people prepared meals themselves and if they needed support, staff provided this during care calls at mealtimes. Any risks associated with people's nutrition, were detailed in their care plans with instructions to staff on how to manage these risks to maintain people's wellbeing.

Staff told us they worked in partnership with professionals such as social workers to support people's needs. This was confirmed in records that we reviewed. Staff told us people were supported to access appointments with healthcare professionals in a timely way when needed. Records confirmed that healthcare professionals such as district nurses visited the home to support people's healthcare needs.

People's rights to make their own decisions were protected. We saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA)

and were clear on how it should be reflected in their day to day work. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in their own home, as are the people supported by this service, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was aware that applications to the Court of Protection would be necessary.

## Is the service caring?

### Our findings

People continued to receive a service that was caring.

During our inspection we observed staff treating people in a kind, respectful way. They maintained eye contact with people and used language that people could understand and laughed and joked with them. People who used the service told us the staff were kind, caring and approachable. One person told us, "The staff are very nice, we get on very well." A relative said, "I am always made to feel very welcome." During our inspection the management team and staff demonstrated a compassionate approach and warmth for the people they supported.

We found that care staff knew how to support people by respecting their privacy and dignity. A person said, "Staff do respect my privacy and dignity". A relative said, "Staff never just enter they always knock first." Staff were able to describe how they maintained people's privacy and dignity when providing personal care.

Staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in people's care plans and the staff we spoke with knew the needs of each person well.

Staff told us they recognised the importance of maintaining people's independence and encouraged people to do things for themselves where this was possible. People told us they usually had the same staff support them. They said they did not mind different staff supporting them as long as they had prior notice. One person said, "All the staff are nice but I like it that the same people come."

People told us they were listened to and were able to speak to staff when they needed and access other services provided outside of the scheme. A person said, "The staff listen and are caring." People were able to make decisions about the support they received as they had the information they needed and were involved in how care staff supported them and the decision making process as to how the scheme was managed. We found that displays in the reception area identified other services available for example, translation services and other professionals that people may find useful.

## Is the service responsive?

### Our findings

People continued to receive a service that was responsive.

People received personalised care and treatment. Most people who used the service and their relatives described the service as consistently good. People said they felt the support they received from staff was sufficient to meet their needs and staff took into consideration their preferences when delivering care. However one relative told us that they had arranged additional lunch time visits for a limited time. These visits had not always happened which meant the person had missed a lunchtime meal. The relative resolved the issue with the registered manager.

People told us their support needs had been discussed and agreed with them when they started to use the service. Each person's needs had been assessed so it was clear what they could do independently and what they needed support with. This helped to develop a plan of care which detailed the support people required, to meet their individual needs. People had copies of the care files in their apartments so they could read them at any time. People told us staff spoke with them to make sure they were happy with the care they received. Records showed people had signed to confirm they had discussed their care with staff and agreed to the care planned.

People's personal care preferences were detailed in their care plans with instructions for staff to ensure these were met. Staff told us they were required to read care plans and make sure they followed these instructions. Staff recorded what care and support they had provided each day to confirm this was done. One person told us they preferred to have a shower every day and care calls had been arranged so this could happen. They told us they were "very happy" with this arrangement. Another person told us, "I have a shower every day and they dress me." They said they received care calls frequently so staff could make sure they were alright and provide them with the medicines they needed.

People confirmed they had been given the complaints policy which was included within the information guide on display in the communal reception area. There were systems in place to manage complaints about the service. No one we spoke with had any current complaints. One person we spoke with said, "I would go to the office if I needed to complain."

Staff supported people to attend activities organised by Housing and Care 21 - Swallowdale to maintain their wellbeing and prevent them from becoming socially isolated. One person told us they frequently attended social activities at the service. They told us, "There are some games, quizzes and bingo but there are also some exercise classes, which I enjoy."

## Is the service well-led?

### Our findings

At our last inspection in May 2017 we found the service required improvement as appropriate systems were in place to assess, monitor and improve the quality of care but they were not always effective. At this inspection we found that improvements had been made. We have rated this domain as good.

People told us the service was well managed and they found management approachable. One person said, "The manager is ok, I have no problem with them at all." Another person commented, "They are all approachable." People told us they were happy living at the service. One person said they would recommend the service to other people.

Staff told us the management was good, they felt well supported and liked working at the service. One staff member said, "I am really happy working here. The [registered] manager is supportive and helpful." Another staff member commented, "I enjoy working here. I think we have a very good team."

The registered provider involved people and staff in improving the service by asking their views and opinions via staff and residents meetings. The provider organised regular residents meetings where concerns and ideas could be discussed, feedback sought and relevant information shared. We looked at recent residents meeting minutes that confirmed various aspects of care and support were discussed including food, grounds and activities. People told us they found the meetings useful and were able to voice their concerns to the management and these were acted on.

There were regular staff meetings and daily staff handover meetings where the management team and staff discussed matters related to care delivery and staff were asked for their view and opinions. Team meeting minutes seen showed discussions included topics such as medication, health and safety, dress code and CQC expectations. Staff told us they felt informed on the matters relevant to their role and people's care delivery.

The registered provider had sent out satisfaction questionnaires in January 2018 to people who used the service. The registered provider had collated the feedback; however no action plan or response had yet been drawn up to address any issues raised. For example a number of people had enquired about having a post box in the building. The registered manager said they would pick this up the registered provider's quality team.

The registered manager carried out regular internal monitoring checks and audits and records seen confirmed this. The registered manager told us the area manager made regular visits to provide support to the management team and staff. The registered provider's internal audit and risk department had completed quality checks of the service in March 2018 based on CQC's key lines of enquiry (KLOE). The checks included safeguarding, accidents and incidents records, staff files including recruitment, training and supervision, care plans and medicines records. The quality team developed service improvement plans on the back of the audit findings which they sent to the registered manager. The registered manager told us the service improvement plan was a live document which they referred to on an on-going basis. The service

improvement plan recorded the date for the actions to be achieved.

The registered manager understood their responsibilities and had made sure they had submitted statutory notifications to us and completed the Provider Information Return (PIR) as required by the Regulations. We found the information in the PIR was an accurate assessment of how the service operated.