

Housing 21

Housing 21 - Anvil Court

Inspection report

Blacksmith Road
Horley
Surrey
RH6 9FF

Tel: 03007901251
Website: www.housing21.org.uk

Date of inspection visit:
22 July 2021

Date of publication:
16 August 2021

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Housing 21 – Anvil Court is an extra care housing setting where staff provide personal care and support to people living in their own flats within one large adapted building. People living here are supported with a range of needs such as dementia and Parkinson's disease. 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. At the time of our inspection, 29 people who were using the service received a regulated activity.

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

People told us they felt safe with the support they received. Relatives reflected this view and told us they felt comfortable and more relaxed knowing their family member was safe and well cared for.

There were enough staff to meet people's needs. People received their care from staff who knew people's health needs well and had the training they needed to provide safe care.

People's individual health needs were fully risk assessed and there was detailed guidance in place to support staff to manage known risk. Lessons were learned from adverse events. Accident and incident records were analysed, and measures put in place to reduce the risk of a similar incident happening again.

The provider's recruitment procedures helped ensure only suitable staff were employed. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. Staff were well supported by their managers and worked well as team to meet people's needs.

Medicines were managed safely. For example, there was detailed guidance and body maps in place to ensure people received the correct creams safely.

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. People received support with their meals to maintain a healthy diet.

The provider worked closely with healthcare professionals to ensure referrals were made in a timely manner. Staff followed guidance provided to them to maintain and improve people's health.

The provider's quality monitoring systems helped ensure people received safe care. The management team and staff communicated important information about people's needs effectively. People's care records were accurate and up to date.

People and their relatives told us their views about the service were listened to. Relatives were encouraged to be involved as partners in their family members' care. People and relatives provided positive feedback

about the management team.

The provider ensured relatives were kept informed about their family members' wellbeing during the COVID-19 pandemic. The provider had also considered the effect on staff of the pandemic and put support mechanisms in place.

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 requires improvement (published 07 May 2020.)

Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since the last inspection. Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of Safe, Effective and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The rating from the previous comprehensive inspection for the Caring and Responsive key questions were not looked at on this occasion.

Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Housing 21 - Anvil 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 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 two inspectors 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 care service. The Expert by Experience telephoned people who received a service from Housing 21 – Anvil Court and their relatives on 26 July 2021.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented 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 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 gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 July 2021 and ended on 26 July 2021. We visited the office location on 22 July 2021 and made telephone calls to people and their relatives on 26 July 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. On this occasion the provider was not 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, assistant care managers and two care staff. We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with six people who lived at the service by telephone. We also spoke with six relatives by telephone. We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we recommended that the provider ensured both long- and short-term risks to people were appropriately recorded. At this inspection, we found the provider had made improvements.

- The provider had made improvements to ensure people's individual needs were risk assessed. Each person had detailed support guidance around their identified risk which gave clear instructions to staff on how they would like to be supported to mitigate the risk. For example, one person had a detailed falls risk assessment with clear instruction on how they liked to be supported when mobilising to reduce the risk.
- People who were considered at higher risk of any skin deterioration had detailed risk assessments. For example, one person had guidance around how they liked to be supported with re-positioning and body maps in place to highlight where creams needed to be applied, how often and why. This ensured staff had information about how to support them to monitor any signs of skin damage.
- People and relatives told us the management team had supported them to be fully involved in the needs and risk assessment process. One person told us, "They (staff) always talk to me about things that might be a risk. I can be unsteady on my feet, so they always look at ways to help me and make sure I am involved." A relative said, "They (management) do involve us around looking after mum. They let us know any changes to her health and what new risks have been identified, they make sure we can have a say."

Using medicines safely

At the last inspection we recommended that the provider ensured the use of body maps was fully implemented to make sure people had creamed medicines and pain patches applied correctly. At this inspection we found the provider had made improvements.

- The provider had made to improvements to ensure people's medicines were managed safely. People who required the use of creams or pain patches had detailed guidance and body maps in place to indicate how and when either of these needed to be applied and monitored.
- The provider had a safe procedure in place for ordering and monitoring people's medicines. There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines stocks and administration records were checked and audited regularly.
- The management team completed regular competency checks. This ensured all staff administered medicines safely and clearly identified any issues or actions to be taken when deficiencies were identified.

Staffing and recruitment

- People and relatives told us there were enough staff to meet their needs. People said they were not kept waiting for long periods when they needed help. One person told us, "The visits are relaxed, I don't feel there are any time constraints." Another person told us, "I like to have a conversation and most of them are good like that and will talk to me, a proper conversation."
- Although people were happy with their care and the kindness of staff the majority of people spoken to said they would like more consistency. People said although it had not impacted them, they would like to be able to see the same carer more often. One person told us, "I never know who is coming. The carers move around a lot. Most of them are good but it would be nice to have regular carers." Another person told us, "The one thing is the carers are all different so that is good in some ways because you see lots of people but actually, I'd rather have a few I knew really well." The registered manager told us they would address this with people and review where possible with the staffing team.
- Staff confirmed that staffing levels were appropriate for the support people needed and explained how absences were covered. One staff member told us the management team would also be available to help if needed. The registered manager told us they were proud of their staff team flexibility to make sure people received support as planned.
- The provider's records demonstrated staff were recruited safely. This included obtaining proof of identity, proof of address, references and a Disclosure and Barring Service (DBS) certificate for prospective staff. DBS checks help employers in health and social care make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service provided safe care and treatment. One person told us, "I'm very happy here, I feel safe and well looked after. I couldn't be in a better place." A relative told us, "Overall we are thrilled with Anvil Court (relative) is safe and we can even go on holiday and know everything will be alright."
- Staff understood how to keep people safe and felt confident to report any concerns. Staff had received safeguarding training and competency checks to ensure they knew how to respond to any safeguarding concerns. A staff member told us, "I have had safeguarding training. Even day to day if I notice something is not right, I would go to an assistant care manager (ACM) or to the manager. I have not had to report anything which I am concerned about."
- The registered manager responded appropriately to any safeguarding concerns raised and reported those to appropriate agencies. They investigated the issues and shared their findings with the local authority, who are the lead safeguarding agency.

Preventing and controlling infection

- People and relatives praised the registered manager for keeping them fully informed regarding changes in the government guidance relating to infection control during the pandemic. One person told us, "They managed Covid really well. Their communication was very good. They always wore all the right things and their masks on properly, they were very good." A relative told us, "They have been very good during the pandemic. They have arranged all the vaccinations and sorted everything out and kept them safe."
- Staff were positive about the support from the management team since the COVID-19 pandemic. Staff told us they always had access to sufficient supplies of the personal protective equipment (PPE) and were involved in the weekly COVID-19 testing programme. One staff member said "They kept me updated through the pandemic. (Registered manager) always spoke to us about the guidance and the PPE we had to use. We made sure we kept the residents safe and we were always speaking to them about how to keep safe."

Learning lessons when things go wrong

- The registered manager reviewed all incidents and ensured actions were identified to mitigate any future risk. For example, one person who displayed some aggressive behaviour towards staff during an incident had a referral and follow up made with the mental health team, family involvement in seeking out potential

triggers for the change in behaviour.

- The registered manager reviewed all completed incidents and accidents to identify any potential patterns or trends. Accidents and incidents were recorded by staff on the electronic system. The data on the electronic system was evaluated to support people and to identify any potential changes required to their care and support. We saw evidence the identified actions had been completed.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At the last inspection we recommended that the provider ensured mental capacity assessments were completed for people with fluctuating capacity to guarantee their rights were protected. At this inspection, we found the provider had made improvements.

- People told us they were asked for consent and felt involved in day to day decisions around their care. One person told us, "They don't tell me what to do, they ask me." Another person told us, "They ask me what I would like instead of just assuming, makes me feel like I am still making the choices."
- At the time of our inspection the provider was not supporting anyone with fluctuating capacity. All people receiving the regulated activity had capacity to make their own decision. Despite this staff were knowledgeable about ensuring the principles of the MCA were followed. One staff member told us, "MCA is decision based and for the persons best interest. All assessments are to be decision specific as people's understanding and choice process can easily change from one decision to the next."
- People had been given the opportunity to provide consent to care. We observed in people's care plans that consent to care had been discussed with people and appropriate signed consent provided by people to received care.

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

- The provider worked closely with people, their families and other professionals. People's care needs were initially assessed and reviewed later on. A relative told us, "We had had reviews of care and they always involve appropriate professionals. So, for example, we needed a dietician at one review and so the dietician came to the meeting."
- The provider effectively used recognised assessment tools to anticipate people's risks and needs, to

support them to maintain their health and wellbeing. Staff monitored people's health using these tools which assisted in identifying if further prevention measures were required to support and manage risks.

Staff support: induction, training, skills and experience

- People told us staff were competent to provide high quality support. One person said, "I am (supported to transfer with equipment). I am comfortable that they know what they are doing." Another person told us, "I have a stoma bag. The stoma nurse came and showed them how to change the bag and they are good."
- The registered manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff consistently told us their training fully prepared them to meet the needs of people. New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. A staff member told us, "I did induction training courses and received a carer starter pack. I was provided with enough training and I also did shadowing with staff. They were so helpful to me in the beginning to make sure I settled in well."

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

- People told us they could remain independent with food and drink preparation but support was always available if needed. One person told us, "I do all my meals but I do like help getting food out of the oven so I try to time it with my care call and the carer will help me."
- People could choose to eat and drink their main meals wherever suited them on each given day. A person told us, "I eat in the dining room, the food is good. I can go or not go, it's up to me and some people eat in their rooms, so the carers will take their food to them."
- Staff were knowledgeable around people's different dietary needs and their right to choose. One person was supported to have thickener in their drink. Staff talked about how they support this person and on occasion they refuse to have anything with thickener in it. As they have capacity to make this decision staff spoke about how they gently encourage and remind this person of the risks.

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

- People were supported to access healthcare services. The provider worked well with other healthcare professionals to ensure timely advice and support was sought. One person received support from an external specialist nurse. Their care plan included detailed advice from the nurse which was also implemented into this person's care.
- A range of health and social care professionals were involved in people's care and support. One person had received support from the district nurses to manage their skin condition. Other people had received advice and support from a physiotherapist or personalised guidance from a hospice around palliative care.
- Staff took responsibility for monitoring people's health and wellbeing. Staff reported any concerns or changes in health to the relevant assistant care manager or registered manager. Staff completed behaviour charts and daily records of people's moods and discussed any changes in people's needs during daily handovers.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, documentation was not always completed in full or contemporaneous, and audits were not always recorded. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the service was no longer in breach of regulation.

- People's care records were accurate and up to date. The provider had implemented improvements to ensure all required information relating to a person's health needs had been recorded alongside detailed guidance to support staff and ensure safe and effective care was provided.
- The registered manager had established effective audit systems and processes for reviewing the quality and safety of the service. The registered manager used the systems to identify necessary learning and areas for improvement. For example, a daily notes audit identified some recording issues around which creams had been used. This was identified and actioned swiftly to improve the quality of the notes.
- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership. The registered manager had an effective management team in which they were given responsibility to oversee elements of the service. Staff told us this responsibility made them feel valued.

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

- People told us they were happy with the support provided by the service. One person told us, "I'm very happy here, I feel safe and well looked after. I couldn't be in a better place." Another person told us, "Anvil Court is a great place to live, like one big family."
- People and relatives gave positive feedback about the registered manager and said she had created a homely atmosphere. One person told us, "(Registered manager) is a lovely lady, she is really helpful, and I would ask her for anything." A relative told us, "(Registered manager) is very responsive, she even maintains eye contact with people coming in and out of the building. She is a good manager and appears to be extremely caring."
- Staff were confident with the support they received from the registered manager and told us there was a supportive working environment. One staff member told us, "I think (registered manager) is a really good manager. She has been especially supportive during COVID-19. If you ever have any issues, she is open and

honest and has an open-door policy. Another staff member told us, "(Registered manager) is really, overly helpful. I would go to her about anything."

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 under the duty of candour and ensured improvements were made if investigations identified these were needed. The registered manager told us, "We have a good relationship with the local authority, it's about being open and honest."
- The registered manager was aware of their responsibilities of making sure they were open and honest with people and their relatives. We saw relatives were copied into correspondence with health and social care professionals regarding any concerns or incidents that occurred at the service.

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

- The provider acted to obtain people's views and opinions by using feedback forms. We observed from records the feedback provided was mainly very positive around the care provided for people. Comments included, "In the main the quality of care is very good" and "I am totally satisfied and impressed by the care I receive."
- People were provided with the opportunity to attend and participate in meetings. These meetings had been on hold during COVID-19 in order to keep people safe. As restrictions lifted meetings were once again set up and well attended.
- Staff were supported and encouraged to input their own ideas to improve a person's experience. Staff could do this via their supervision, meetings or raise something at any time with the management team. One staff member told us about how they had been speaking with a person about changes to their room layout, when they raised this with the manager it was implemented swiftly and made the person feel important.

Working in partnership with others; Continuous learning and improving care

- There were systems in place to monitor the service and ensure people were receiving a good standard of care. Regular team and management meetings discussed areas which included people's care records, key health elements and standards of living. For example, recording of daily engagement identified where people might benefit from increased support around mobility and independence. One person, who had previously not wanted to get up had now been routinely participating in activities.
- The registered manager and staff team worked closely with a range of health and social care professionals to seek advice and guidance related to people's health and wellbeing. For example, the staff team had worked closely with the district nurses to support a person around skin management and care.
- The provider had re-established effective working links with the local community following the COVID-19 pandemic to ensure people could access different and relevant areas of the community. A link with the local Baptist church gave opportunity to people to explore their religious interests.
- The registered manager had worked within the government guidance during the COVID-19 pandemic to ensure people could continue to participate in events. We saw recent pictures and videos of an entertainer singing outside which all people could safely participate in.