

Housing 21

Housing 21 – Seagrave Court

Inspection report

Seagrave Court, Seagrave Road
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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: Seagrave Court is a service which provides care and support to people living in 'supported living' settings, so that they live as independently as possible. People's care and housing are under separate contractual agreements. CQC does not regulate the premises used for supported living: this inspection looked at people's personal care and support. There were 24 people using the service at the time of our inspection.

People's experience of using this service:

People that we spoke to said that Seagrave Court was a caring place to live and that staff treated them with kindness and respect.

The registered manager showed evidence of ongoing quality monitoring across all aspects of the service. Any concerns raised by residents' relatives or staff were investigated and addressed. This was also used to inform improved practices throughout the home.

People's health and social care needs were managed well by management and the staff team. There were positive relationships with professionals which supported people's overall wellbeing. Medicine was administered safely and there were clear protocols in place for medicine which was taken when required.

People had enough to eat and drink. People were offered choices and had the opportunity to pay for a meal in the restaurant or prepare their own food in their apartment. There was a choice of socialising with other people using the service or remaining in their own space.

There were a variety of activities, both to keep people occupied and to entertain them. There were also physical activities to assist with people's mobility. People were consulted on what they wanted to do, giving people choice and control.

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

Rating at last inspection:

The service was registered on 6 August 2018 and this is the first inspection.

Why we inspected: This was a planned inspection for this newly registered service.

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 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. 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:

The inspection was carried out by one inspector.

Service and service type: Seagrave Court 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 48 hours' notice of the inspection. This is because we needed to be sure that the provider or registered manager would be in the office to support the inspection

The inspection took place on 10 March 2020.

What we did before the inspection:

We reviewed the information we received about the service since the last inspection. This included checking

incidents the provider notified us about such as serious injuries and abuse. We sought feedback from the local authority, we also spoke with other professionals who work with the service. We requested information from Healthwatch this is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We assessed 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 any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with three people who used the service and one relative. We spoke with four members of staff including two care workers the assistant care manager, and the registered manager.

We reviewed a range of records. This included four people's care plans and medication records. We also looked at four staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There were effective safeguarding processes in place. Staff had been trained in safeguarding and knew how to make a safeguarding alert should they need to. Staff knew about the whistleblowing policy and told us that they would not hesitate to use it to keep people safe.
- One relative told us "[name] is kept safe and well, the carers really care."
- Risks were assessed, monitored and managed. Risk assessments were regularly reviewed and updated.

Staffing levels

- Staffing levels were calculated according to people's needs and there was a dependency tool which was used to calculate staffing. There were enough staff to support people safely and to ensure that people's needs could be met.
- Staff were recruited safely and all the appropriate pre-employment checks were carried out. This helped to ensure that suitable staff were employed to support vulnerable people.
- Staff we spoke to told us that there were enough staff employed at the home for them to be able to meet people's needs effectively.

Using medicines safely

- Not everyone required support with medicine. People who did require support received their prescribed medicines at the right time and in the correct way. Medicines were recorded on MAR (Medication Administration Records) and these were signed and dated.
- Staff confirmed they had undertaken medication training and their competency to administer medicines was assessed by management
- Where people were prescribed medicines 'as and when required' there were protocols in place to explain when and how the medicine should be taken.

Preventing and controlling infection

- The premises were bright, well decorated and clean.
- People told us that it was a lovely place to live and that everywhere was kept clean.
- The staff followed good infection control practices and used personal protective equipment such as disposable gloves and aprons to help prevent the spread of infections.

Learning lessons when things go wrong

- The registered manager asked for feedback from people using the service, their relatives and the staff. The information was then collated, and any improvements made in collaboration with those giving feedback.
- The registered manager dealt with all complaints. Action was taken and documented, and any lessons

learned were also recorded.

- Incidents and accidents were reviewed to identify any patterns to inform referrals to professionals
- Care plans and risk assessments were frequently reviewed, especially in respect of changes in people's health or changes to their mobility.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. At this inspection the service was rated good. 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 needs were comprehensively assessed and regularly reviewed. This was carried out in partnership with relatives and professionals when required and where people lacked capacity.
- One person told us "I have a soft mashed diet and the chef from the restaurant comes up and sorts this out every day."
- Staff we spoke with were knowledgeable about the support needs of people they worked with. People told us that they were well cared for and staff knew what they liked and needed.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. One staff member told us, "The manager does spot checks and observations on us as well as supervisions."
- Staff told us that they had good training which was regularly updated and refreshed. Training was relevant to their role and the people who they supported.

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

- The cook told us they consulted people when menu planning and had a good relationship with people. People had the option to purchase a meal from the restaurant or prepare their own food in their accommodation. The restaurant was laid out in a way which made it a positive dining experience which encouraged people to have a balanced and healthy diet. Most people had meals in or prepared by the restaurant at least once a day.
- There was a comprehensive choice of menu in the restaurant, this included meals for different cultures and health conditions. People told us that they had good choice and could be supported in their apartment or enjoy the experience of dining with others.

Staff providing consistent, effective, timely care within and across organisations

- People were supported to see healthcare professionals including the GP, district nurses and speech and language teams. The service had engaged and developed good relationships with visiting professionals.
- We saw evidence of appropriate, timely referrals to health and social care teams in people's care plans. People's relatives had been involved in supporting them to attend appointments where appropriate.
- Should people have the need to move between services, we saw there was a "grab sheet" that could be printed off, so people had the most up to date information on their health care needs.

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

- The communal rooms were spacious and had been purpose built to accommodate wheelchairs and other

equipment which people need to use.

- The downstairs corridor was designed as a street with different shop fronts. There was a charity shop and hairdressers. They also had a large craft room which was well utilised and accessible for all. People told us that there was plenty to keep them occupied and the layout was lovely.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of those who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working with the principals of the MCA and whether any conditions on authorisation to deprive the person of their liberty was being met.

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure that decisions were taken in people's best interest.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. At this inspection the service was rated good. 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

- People commented positively about staff and said that they were kind, caring and helpful. They also said that they respected their dignity and privacy.
- People who we spoke with told us; "On the whole the staff are excellent, I have no complaints."
- We observed staff knocking on people's doors before entering and supporting people in a very calm and caring manner.
- The registered manager and staff worked hard to ensure that people were well treated and optimised opportunities to be involved in new activities and areas of interest..

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

- People told us that they were involved in decisions about their care planning and how they liked things to be done.
- People's needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- We saw in care plans, there was information regarding health conditions. People told us that staff understood how to care for them and what support they needed.
- People had access to advocates who represented the interests of people who may find it difficult to be heard or express their views or opinions.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern about people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. Staff were keen to offer opportunities for people to spend time as they chose and where they wanted. We observed staff patiently encouraging people when it came to mobilise so that they could continue to walk independently.
- Peoples information was stored and managed securely which protected their confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. At this inspection the service was rated good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care was personalised to meet people's needs. Care plans had very detailed information on an assessment which was regularly reviewed. This included a section on a person's background and interests as well as their health and support needs.
 - People told us that they were involved in their care planning and were consulted on all aspects of their care and support.

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.

- Information was available in different formats when required. We found this information on documents in the care plan advising that information was available in accessible formats.

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

- The registered manager frequently spoke with people and their relatives about the care provided and what they needed support with.
- There was an activity co-ordinator employed at the service and activities were diverse and included craft evenings, flower arranging and church services. The registered manager told us that they had supported and organised a wedding at the service.

Improving care quality in response to complaints or concerns

- The registered manager was able to show how complaints or concerns were managed, investigated and concluded.
- People told us that they were aware of the complaints procedure and were confident management would listen to them if they had any concerns.
- People were encouraged to express their views and a complaints policy given to all people using the service which was available in accessible format when required.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. We could not find evidence of any

advanced care planning for end of life care. We discussed this with the registered manager. Before the end of our inspection the service had an end of life plan template and following our inspection the registered manager sent through the first advanced care plan. The registered manager told us that all other advanced care plans were being written with people and their families and would soon be in place.

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

This is the first inspection of this newly registered service. At this inspection the service was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a good oversight of the service; they worked alongside staff and knew the people using the service, their relatives and staff well. They had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- There was clear evidence of a robust quality monitoring process for the home which was recorded. This included all aspects of the environment, staff supervision and appraisals and health and safety.
- Notifications were made in an accurate and timely manner and evidence was shown of learning from errors.
- The staff we spoke to were enthusiastic about their work and felt that they were supported well by the manager.

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

- The service was well managed. People at all levels were clear about their roles and responsibilities and the registered manager and deputy manager were accountable for staff and further understood the importance of their roles.
- Frequent quality checks were completed by the registered manager which included checks of medicines management, incidents, staff training needs and health and safety. Where potential concerns with quality were identified, we saw action was taken to improve quality.

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

- The service has resident ambassadors who are volunteers to look after new people when they first move into the home. The ambassadors show people round and support them when they move in. The registered manager told us that this works well, people enjoy the social interaction and making others welcome. It also breaks down barriers and people settle in more quickly.
- The manager was aware of the importance of understanding equality and diversity and protected characteristics. At the time of our inspection no-one using the service had protected characteristics.
 - Information and updates are published and shared with residents and staff, this includes any improvements made, minutes of meetings and staff information. The staff publication is the Seagrave Court Echo and people living at the service had had Seagrave Court News.

Continuous learning and improving care

- The registered manager had learned from incidents, and kept staff informed of any changes that could affect people's care. Regular meetings were held with staff to discuss issues and to allow staff to have their say.
- The staff we spoke with said that they felt confident to make suggestions for improvement to the registered manager and their suggestions were taken forward. One staff member told us "Everything, is the best thing about working here."

Working in partnership with others

- We saw evidence that people were supported to access the health and social care services they required. People had regular visits from healthcare professionals who people told us had a good relationship with the home.
- The registered manager told us that they offered bathing facilities for the local community if it was required this was because they had turned the gym into a training room and the changing room remained and could be used by local people. People had church services which engaged diverse religious beliefs and the local police held drop in sessions to talk to people on various topics.