

## Housing 21

# Housing 21 – Laurel Gardens

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Housing 21 – Laurel Gardens provides care and support to adults living in specialist 'extra care' housing living with dementia, mental health, learning disabilities, physical disability and sensory impairments. At the time of our inspection visit there were 39 people receiving care. The service consists of 70 two-bedroom flats and bungalows. The flats are spread over two floors of a large building with some communal services.

### People's experience of using this service

There had been significant changes at the service and a new management team was put in place between August to November 2019. The new manager had reviewed the service and was in the process of taking action to make improvements they had identified. The manager was open and honest, and worked in partnership with outside agencies to improve people's support.

Quality assurance checks were not up to date and had not identified issues such as gaps in care planning.

Some people waited for support from staff. Staff told us they regularly worked additional shifts to cover staff vacancies. There were concerns around staffing levels, particularly at weekends, when senior staff covered shifts, to ensure people's needs were met.

Care plans were in the process of being reviewed and updated because there were some gaps in assessment of risk to people's safety and guidance for staff. People said they were involved in planning their care. People and their families understood how to complain if they wanted to.

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. However, some risks to people's safety had not been fully assessed.

People were supported to have enough to eat and drink to maintain their well-being. They were supported with their medicines and to obtain advice from healthcare professionals when required.

Staff had training to meet people's needs. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

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 were treated with dignity and their independence was promoted wherever possible. They were encouraged to take part in activities which interested them and helped build a community spirit within the service.

### Rating at last inspection

The last inspection was a comprehensive inspection. The service was rated Good in Safe, Effective, Caring and Responsive and Require Improvement in Well Led. It was rated Good overall (report published 14 July 2017). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

### 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 inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Housing 21 – Laurel Gardens

## **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

There was one inspector.

#### Service and service type

Housing 21 – Laurel Gardens 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 bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. We also take into account any wider social care provided.

A new manager had joined the service in October 2019. They were in the process of registering with the CQC and therefore there had been no registered manager in post since the previous manager left in September 2019. This meant the provider was 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 three working days' notice, to ensure the manager and staff were available to talk with

us when we visited.

#### What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House and sought feedback from the local authority. We used all this information to plan our inspection. 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.

#### During the inspection

We spoke with three people who used the service and one relative, about their experience of the care provided. We spoke with eight members of staff including the manager, an assistant care manager, a registered manager from another of the provider's services, the regional manager and four care assistants. We reviewed a range of records. This included four people's care records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

#### After the inspection

We received further information from the manager to evidence the quality of the service. We telephoned two people who used the service or who had a relative who used the service, about their experience of the care provided.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Staffing and recruitment

- People had mixed opinions if there were sufficient staff to support them when needed. A relative told us, "There's not always enough staff. Carers have to work harder sometimes." A member of staff explained what happened if they were short staffed, "We have to prioritise pendant calls over routine calls," (meaning when people pressed their pendant alarms). The manager told us they were currently recruiting for care staff and existing staff were currently asked to cover any gaps in the rota. Staff said they felt, "Pressurised" into accepting additional shifts. They told us it was, 'frustrating' and they had been asked to cover shifts whilst on annual leave. The manager was aware of the staffing concerns and explained they were reviewing the rota to ensure staff did not feel pressurised and people's needs were met.
- Staffing levels were reduced at weekends due to staff's availability and the manager and senior staff had been fulfilling care calls in the absence of sufficient staff to cover the rota.
- People had mixed opinions about the timing of care calls. Some people said calls were made late, however some people had no concerns. One person explained they were regularly asked to wait for support after pressing their lifeline pendant.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

### Assessing risk, safety monitoring and management and learning lessons when things go wrong

- Care plans detailed how to support people safely. However, some identified risks had not been properly assessed, for example, distressed behaviour and catheter care. However, care staff were able to explain how they supported people to ensure any risks to their safety were minimised. We discussed this with the manager and they told us they were currently working with care staff to review and update care plans to ensure appropriate risk management plans were in place for all identified risks.
- People would be supported in the event of a fire as personal emergency evacuation plans were in place. The manager was in the process of reviewing the fire safety plan to ensure it was up to date.
- The provider had acted to minimise risks related to emergencies and unexpected events. Environmental risks had been assessed and were reviewed regularly. However, the manager was unable to demonstrate fire safety tests were up to date because they could not access electronic records held by the housing manager who was away from the office at the time of our visit.

### Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care.
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to senior staff and felt assured that these would be taken seriously.

- The manager understood their obligation to report concerns to the relevant authorities and send us statutory notifications to inform us of any events that placed people at risk.

#### Using medicines safely

- One person had not received their medicines as prescribed and this event had not been identified or managed. We discussed this with the manager who took immediate steps to ensure risks to the person's safety were reduced and their medicine management plan was reviewed. Other medicine errors had been identified and managed appropriately.
- Medication administration records were completed by staff when people received their medicine. They were checked by senior staff for any mistakes. However, the manager explained due to low senior staffing levels during October, audits had fallen behind and they were being updated as a matter of priority.
- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.

#### Preventing and controlling infection

- People told us care staff wore personal protective equipment when personal care was given. One relative told us staff maintained very good hygiene levels when they prepared food.
- Staff understood and followed safe infection control guidelines and knew how to minimise risks of cross infection.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in their care plans. Not all the protected characteristics under the Equality Act 2010 had been considered. The manager assured us they would explore ways of obtaining more detailed information in future.

Staff skills, knowledge and experience

- At our previous inspection we found there were gaps in staff training. We found improvements had been made and the manager had organised ongoing refresher training for staff where required.
- Staff were skilled and competent to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment. They also worked with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. However, they told us they would prefer more in-depth training covering dementia awareness and end of life care. We discussed this with the manager who told us they would obtain further training for staff.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Some staff told us they had not met regularly with their manager on an individual basis to discuss their performance. However, staff felt able to raise any concerns they had with senior staff. The manager was aware staff supervision was not up to date and was in the process of carrying out scheduled meetings.
- Staff were encouraged to study for nationally recognised care qualifications. The provider supported staff to develop their skills and progress to more senior roles.

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

- Some people received food and drinks prepared by care staff. Staff prepared meals in line with people's choices and made sure people had drinks available in between care calls.
- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being.

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

- People had been referred to other healthcare professionals to promote their wellbeing, such as the GP and occupational therapist for further advice. One member of staff explained how they had recently

supported one person to obtain advice from a health professional and how information was shared with other care staff to ensure the person was supported effectively.

#### 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.

- Staff were working within the principles of the MCA.
- Staff obtained people's consent when they supported them. One member of staff explained how they obtained consent by talking with people in a way that suited them, so they could understand the support they were receiving and this improved their wellbeing.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and their relatives told us they felt staff cared about them. Two relatives told us, "The carers sit and talk to (Name), they love it. It's reassuring for us as a family, they get on so well" and "(Name) is relaxed when the carers are with them."
- Senior staff explained how they had worked hard to ensure their service helped people to thrive in their home environment. Staff shared the management's caring ethos and told us, "I love my job, helping people and treating them with dignity and respect."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's behaviours and knew how people preferred to be communicated with.
- People were asked about their individual preferences and these were acted on. For example, people were asked what gender of staff they preferred and care was provided to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff acted in a way that maintained their privacy and dignity. A relative told us, "Staff take their time, they know what (Name's) likes and dislikes are." A member of staff told us, "I try to be as respectful as possible and follow people's wishes."
- Staff explained how they encouraged people to be independent because it helped them to remain in their own homes and improved their wellbeing.
- People's personal information was treated confidentially and records were kept securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained personalised information and gave direction to staff that was specific to each individual. However, some care plans contained gaps and were not up to date. For example, there was limited guidance for staff about how to communicate with one person who found it difficult to communicate verbally. However, care staff were able to explain how they communicated with the person to ensure their needs were met. We discussed this with the manager who was aware of the issue and told us they would update the person's care plans to ensure staff had the guidance they needed to support them effectively.
- The manager explained care plans and care plan reviews were not up to date due to the recent lack of senior staff who would normally carry out this task. Since beginning their role, the manager had prioritised care reviews and they were working through a schedule to update people's records.
- People whose care had been recently reviewed, told us they were included in planning their care in ways that suited their individual needs.
- People told us staff knew them well and were positive about how staff responded to their needs.
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional 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.

- People's communication needs were recorded in their care plans. However, there were a lack of detail in some people's plans. The manager explained they would review people's communication needs as part of their care plan review and told us if people needed information in particular formats, they would ensure these were made available.

Improving care quality in response to complaints or concerns

- It was not clear what concerns had been raised about the quality of the service, because the manager was unable to access some information held electronically on the days of our visit. However, we reviewed information which was available during our visit and found those concerns had been dealt with according to the provider's policy and resolved to the complainant's satisfaction. The manager provided us with further information following our visit.
- People told us they could raise concerns without feeling they would be discriminated against.
- The provider's complaints procedure was accessible to people in their homes.

#### End of life care and support

- Care staff had not received specific training in how to support people at the end of their lives. However, they were able to explain how they would work alongside other health professionals to provide responsive end of life care. The manager assured us they would obtain training for staff to support them.

# Is the service well-led?

## Our findings

Well-Led – this means 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 remained the same. This meant the service was not always consistently managed. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our previous inspection we found quality assurance systems had not identified gaps in staff training. At this inspection, we found further improvements were required to improve quality assurance processes.

- Quality assurance checks were not up to date and one event which called into question someone's safety, had not been identified.
- There were low staffing levels due to ongoing staff vacancies, especially at weekends and some people told us they waited for support. Senior staff covered weekend shifts to ensure people's needs were met. Some staff did not feel supported because they were regularly asked to work additional shifts.
- Some people's records were not up to date and their care needs had not been recently reviewed.
- Quality assurance checks were not all effective because they had not identified issues we found during our inspection visit. For example, some risks to people safety had not been fully assessed and there was a lack of guidance for staff on some people's care plans.
- The manager had been unable to access a number of electronic records during our visit because their induction was on-going and they had not received all their training to navigate the provider's systems. They forwarded information to us to review following our visit.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- There had been significant recent changes at the service and a new management team was put in place between August to November 2019. This included the manager and three assistant care managers. The manager explained they were receiving support in their new role from their line manager and other registered managers who worked for the provider. They told us, "I have every faith in my team to work together and turn things around."
- The manager had been supported by the provider to review the service and create an action plan to make improvements. There was evidence actions were being taken in accordance with this plan. The manager acknowledged changes were required and was dedicated to improving the service.

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

- The manager understood their obligations and planned to apply to become the registered manager. They reported important events or incidents to the CQC and other relevant authorities. They were aware of the

new general data protection regulations and information was kept securely.

- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People were positive about the leadership of the service and told us the manager was approachable and the staff were friendly. One person told us, "The manager is excellent and not afraid to muck in." Another person told us, "I am absolutely happy with the care."
- Staff told us they were encouraged to suggest improvements and share information during staff meetings. Staff explained they also shared information about people's changing needs during daily shift handovers. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff.
- Information about key events were shared with the provider for review, to check the appropriate actions had been taken to keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. The most recent survey was completed in June 2019 and there had been 19 responses from people using the service. The results were negative in comparison to the provider's national average. The manager was not aware if any learning had taken place, because the survey was completed prior to their arrival. However, following our visit they scheduled a meeting with people to discuss the results and obtain up to date feedback to help improve the service.
- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established and operated effective systems to assess, monitor and improve the quality and safety of the service or mitigate the risks relating to the health, safety and welfare of service users. The provider had not maintained accurate and complete records in respect of each service user.</p>