

Housing 21

Casson Court

Inspection report

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Date of inspection visit:
28 October 2021

Date of publication:
23 November 2021

Ratings

Overall rating for this service	Good ●
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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:

Casson Court is an extra care service which provides care and support to people who live in their own flats. The building is owned and maintained by a housing association. At the time of our inspection the service was providing personal care to 32 people.

People's experience of using this service

People were safe using this service. Carers were trained to safeguard people from abuse and knew how to minimise identified risks to people's safety. They followed best practice guidance when providing personal care and in regard to infection control.

There were enough staff available to meet people's needs. Managers carried out recruitment checks to make sure staff were suitable and fit to support people. Staff received relevant training to help them meet people's needs. Managers supported staff to review and improve their working practices so that people experienced high quality care and support.

People received the care and support that had been planned and agreed with them. People's care preferences were respected and staff delivered care in line with people's wishes. People were encouraged to pursue their interests and hobbies. Staff knew people well and understood how their needs should be met. Managers checked with people at regular intervals the care and support provided was meeting their needs.

People told us staff were kind and caring. They supported people in a dignified, respectful way which maintained their privacy and independence. Managers made sure, wherever possible, people received support from the same carers, so care was provided in a consistent way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to stay healthy and keep well. Where applicable, people were supported to eat and drink enough to meet their needs and to take their prescribed medicines. Staff understood people's healthcare needs and how they should be supported in a timely and appropriate way. Staff worked well with other healthcare professionals involved in people's care. When people became unwell, help was sought for them promptly.

People and their relatives had no concerns about the care and support provided. They knew how to make a complaint if they needed to. Managers monitored and reviewed the quality of service that people experienced. They undertook regular checks on carers to make sure they were carrying out their duties appropriately and to a high standard. Managers sought people's views about how the service could improve.

There were arrangements in place to make sure any accidents, incidents and complaints would be fully

investigated and people would be involved and informed of the outcome.

Managers understood their responsibility for meeting regulatory requirements. They worked proactively with other agencies and acted on their recommendations to design the care and support provided to people.

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

Rating at last inspection

This was our first inspection since the service was registered with CQC on 11 June 2020

Why we inspected

This was a planned inspection.

Follow up

The service was rated good. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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.

Casson Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

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 CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including; the regional manager, two assistant care managers and three care staff. We reviewed a range of records. This included four people's care records and multiple medication 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 continued to seek clarification from the provider to validate evidence found including training data and quality assurance records.

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 service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said the service was safe. One person told us, "I feel very safe here, the staff are wonderful." Another person said, "I am very safe."
- Staff were trained to safeguard people from abuse. They understood how and when to report safeguarding concerns to the appropriate person or authority to investigate. One staff member said, "I would raise any safeguarding concerns immediately and I have confidence they would be dealt with."
- The registered manager liaised with the investigating local authority when a safeguarding concern was raised. They promptly made any recommended changes and improvements to help keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. People's risks and safety issues were assessed and continually monitored and updated to ensure the level of risk remained current.
- There were appropriate risk management plans for risks to people, such as those relating to mobility, moving and handling and how the person could evacuate in an emergency.
- Following a recent incident, the provider had implemented daily welfare spot checks on key areas which could affect people's safety such as having access to pull chords, pendants and the safety of their flats.
- People were protected from the risk of scalds from hot water. There were clear guidelines available for staff on what was a safe temperature for a bath or shower.

Staffing and recruitment

- There were enough staff deployed to meet people's needs in a timely manner.
- People and the staff we spoke with told us there were enough staff to meet people's day-to-day care needs and cover for planned and unplanned staff absences. Staff confirmed the willingness of the management team to help provide care and support where needed.
- The provider followed safe recruitment measures. They carried out pre-employment checks on staff, including proof of identification and the right to work in the UK. The provider carried out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered and recorded appropriately
- Staff had been trained to administer medicines. They had access to information about people and their prescribed medicines and understood how people should be supported with these.
- People's support needs for medicines had been assessed and people told us they were encouraged to

continue managing their own medicines where it was safe for them to do so.

- Staff recorded the medicines people were given and when, on medicines administration records (MARs). Our checks of MARs indicated people received their prescribed medicines when they needed them. We noted one person did not always receive their medication in a timely manner. We spoke to the regional manager about this and action was taken immediately.

Preventing and controlling infection

- Communal areas were clean, and people told us staff helped them with cleaning tasks.
- Staff told us, throughout the pandemic they had been provided with plenty of PPE.
- People confirmed staff always wore PPE and this had helped them to feel safe. Comments included; "They have helped to keep me safe during COVID, they wear masks and aprons all the time they're here."

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity.

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.

This is the first inspection for this newly registered service. This key question has been 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 assessed before the service began to provide support. One relative told us, "The process was very thorough. It was reassuring that they wanted all the information."
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain independence in relation to shopping, cooking, domestic tasks and accessing the community.

Staff support: induction, training, skills and experience

- Care staff received the right training to carry out their roles. The provider had assessed mandatory training for staff and monitored this to ensure staff received refresher training as required. Staff told us they had the right training and benefitted from this. One staff member said, "Having not previously worked within care I found the induction, shadowing experienced staff and training fantastic. It has given me everything I needed to begin work with confidence."
- Managers had systems for assessing staff performance. This included directly observing their practice and regular supervision.

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

- There was information in people's care records about their preferences for meals and drinks. This helped make sure staff provided people with food and drink of their choice.
- Where people had specialist dietary needs this was noted in their records and carers took this into account when preparing meals.
- Staff recorded what they had prepared and provided at mealtimes. Managers reviewed this information at regular intervals to make sure the support provided was appropriate and people were eating and drinking enough to meet their needs.

Staff working with other agencies to provide consistent, effective, timely care

- Collaborative working with other agencies, such as hospitals, GPs and district nurses, had ensured effective care and improved people's quality of life. A health professional told us, "I have found the team, both the support workers and the managers, to be highly skilled and professional. My client is complex from a behavioural and cognitive management perspective yet the staff have managed incidents and risk safely and comprehensively."
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in

seeking guidance and support from health professionals. A member of staff told us, "Sharing good practice with other professionals and those who are involved in the client's care has to be standard practice to achieve the best and desired outcomes for people."

Supporting people to live healthier lives, access healthcare services and support

- Staff and managers shared information with other healthcare professionals such as the GP and community nurses to make sure people experienced a consistent, joined up approach in the support they received.

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.

- Staff had received training in the MCA and associated codes of practice. They, and managers understood their responsibilities under this Act.
- Managers assessed and recorded people's capacity to make and consent to decisions about specific aspects of their care and support.
- There were processes in place where if people lacked capacity to make specific decisions about their care and support, managers would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

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.

This is the first inspection for this newly registered service. This key question has been 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; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. People and their relatives were positive about the care they received. One person told us, "They [staff] are simply wonderful, I'm in fantastic hands."
- People and their relatives told us staff knew their preferences and cared for them in the way they liked. Staff we spoke with knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. One relative told us, "Staff are always very polite and friendly. Nothing seems too much trouble."

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

- People were involved in planning their care. Care plans took account of people's views, their preferences and opinions were stated in their plans. There were regular opportunities for people to discuss their views. We saw care plans and care plan reviews had been signed by people. Comments included, "I talk to staff about what needs to be done and we come to an agreement, it's that simple" and "There are some things which I like being done a certain way and staff respect that."
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed when delivering personal care.
- People's confidentiality was respected and people's care records were kept securely.
- People told us staff assisted them to promote their independence. One person told us, "It is very important I remain as independent as possible. Staff recognise and encourage that here."

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 for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One person told us, "I get care based on my needs, if I want something changed I can speak to staff or the manager."
- People received the care they needed. People's care was planned to meet their needs and daily notes recorded how staff had delivered this. Care plans were regularly reviewed and also updated as people's needs had changed.
- There was evidence of care responding to people's needs. People's visits could vary based on preference and extra time could be made available when required, such as for appointments. The provider contacted the local authority and requested changes to people's care when needed.

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.

- The registered manager told us, information would be provided in different format if required.
- Communication care plans described support people needed to enable staff to understand their wishes.

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 provider had a varied activity programme based in a communal area. There was also a café and hairdresser. People told us they benefitted from this. Comments included "I like the seated aerobics. It blows the cobwebs away" and "I really like to use the hairdresser. I feel wonderful when I come out."

Improving care quality in response to complaints or concerns

- Feedback from people and their relatives indicated they had no issues or concerns about the quality of care and support provided by carers. One person said, "I'm very happy with the service I receive. If I had a gripe I'm sure they will do everything to put it right."
- People and their relatives told us they were comfortable raising a concern or complaint if they needed to.
- There were arrangements in place to deal with concerns and complaints. When a concern or complaint had been received, managers dealt with this in an appropriate way.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life. However, where possible information was included in people's care plans about their end of life preferences and staff had received training about how to support people who were at the end of their life.

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 for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- People, relatives and staff expressed confidence in the management team. One person told us, "All the managers in the office are very approachable. I pop in for a chat or they come to see me, they always want to know how I'm doing."
- Everyone we spoke with told us there was a positive and open atmosphere. One person told us, "I think there is a very friendly atmosphere here." A relative said, "I think it's a very friendly place."
- Staff told us they were well supported by managers. One staff member said, "I love working here, it's such a supportive environment."

Continuous learning and improving care

- The registered manager had clear procedures in place which were followed in practice to monitor, review and ensure personalised care was provided.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with promptly. Any feedback received was used as an opportunity to improve the service.
- Competency checks were completed to ensure staff supported people in the right way.

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

- Managers were fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Managers were open and honest when things went wrong and proactive about putting things right. They investigated all accidents and incidents that happened and made sure people and relatives were kept involved and informed of the outcome.

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

- People told us they knew the registered manager and that they asked for their views. Comments included, "The manager is lovely and always ready for a chat" and "I am often asked for my views and opinions on the service I get." We saw examples of people approaching members of the management team to ask for help

and advice.

- People had the opportunity to engage with the service and to be kept informed through regular meetings. These were held jointly with the housing provider and advertised in advance.
- The management team was involved in people's care and therefore understood people's needs well.

Working in partnership with others

- Managers worked closely with other agencies such as the local authority and healthcare professionals. They made sure recommendations and advice from healthcare professionals was followed. This helped to ensure the care and support provided was up to date with current practice and helping people to achieve positive outcomes.
- The service worked in partnership with the housing provider to meet people's needs. There were systems in place to ensure that maintenance issues were addressed.

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

- The service had a range of quality monitoring arrangements in place, and we saw these were effective. The assistant care manager was able to show us how audits were completed, with issues that needed attention identified and actioned.
- The managers and staff understood their roles and responsibilities.
- There was good communication maintained between the registered manager, managers and staff.
- Staff felt respected, valued and supported and that they were fairly treated. One staff member said, " We have regular team meetings, and everyone has an opportunity to make recommendations or voice concerns".
- The registered manager understood their legal responsibilities and when to notify CQC about key events that occurred at the service.