

Housing 21

Housing 21 – Beckwith Mews

Inspection report

Seaham Street
Silksworth
Sunderland
SR3 1HN

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27 February 2020

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27 April 2020

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

Housing 21 – Beckwith Mews is an extra care housing scheme that provides personal care and support to people. At the time of the inspection the service supported 32 people.

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.

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

People and relatives spoke positively about the service. They felt it was safe and staff were caring. People told us, "When they [staff] come in to see me, they are always very friendly and ask me if I'm alright. They seem very caring," and "I can't fault them because they are very patient with me."

There were systems in place to keep people safe. Risks were assessed and managed. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs. Arrangements were in place for the safe administration of medicines. People were safeguarded from potential abuse. The provider learned from previous accidents and incidents to reduce future risks.

An assessment of people's needs was completed before they received support. Staff received regular training and felt supported. Staff supported people to maintain a balanced diet and to access a range of health care professionals. 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.

Staff treated people with dignity and respect. Comments from people included, "When they [staff] help shower me, they always respect my dignity as much as possible," and "They [staff] are more like friends." People were encouraged to maintain their independence where possible. People had access to advocacy services.

People received person-centred care. Care plans detailed how people wanted to be supported by staff with different tasks. Complaints were investigated and actioned. People and relatives had no complaints about the service but knew how to raise any concerns, should any arise.

The service was well-managed. The registered manager promoted an open and honest culture. Effective quality assurance processes were in place. People and relatives were regularly consulted about the quality of the service through surveys and meetings. Staff were involved in the development and improvement of the service through regular meetings.

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 good (published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Housing 21 – Beckwith Mews

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 team was made up of one inspector 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.

Service and service type

Housing 21 – Beckwith Mews is an extra care housing scheme. This service provides personal care to people living in their own bungalows and apartments within the scheme.

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 the service is small, and people are often out. We wanted to be sure there would be people at home to speak with us.

Inspection activity took place on 27 February 2020. We spoke with people who used the service and their relatives, visited the office location and spoke with staff.

What we did before the 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. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of 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 four people and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, an assistant care manager and four care workers.

We reviewed a range of records. This included four people's care records and three people's medication records. We looked at two staff files in relation to recruitment. 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.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm. People and relatives said the service was safe. Comments included, "I do feel safe because the staff care for me four times a day," and "When they [staff] help me from my chair, they always know what they're doing."
- Staff were effective in managing risks of abuse. One staff member said, "I would speak with [registered manager] or one of the assistant care managers. I reported one this morning to [assistant care manager]."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were assessed and managed. This supported people to receive safe care.
- Accidents and incidents were appropriately recorded and analysed to identify any trends or lessons learned. Where trends were identified, the service took appropriate action to reduce the risk of a reoccurrence. For example, referring the person to the falls team or an occupational therapist.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Comments from people included, "I can say that they [staff] are never late to provide me with my care," and "They [staff] keep [planned calls] and I haven't any concerns about staff levels."
- An effective recruitment policy and procedure was in place. New staff were recruited safely with all appropriate checks carried out prior to them working for the service.

Using medicines safely

- Medicines were administered and managed safely by trained and competent staff.
- Regular medicine checks and audits were carried out. This supported safe practices.

Preventing and controlling infection

- People were protected from the risk of infection. Staff followed appropriate infection control measures, such as hand washing and wearing protective equipment when supporting people with personal care.
- Regular checks were carried out to ensure staff were following the provider's infection prevention and control policies and procedures correctly.

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 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 before they received support. This meant the registered manager could make sure staff could effectively meet people's needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's wishes or when their needs changed.

Staff support: induction, training, skills and experience

- People were supported by trained and experienced staff. One staff member said, "We get a lot of training."
- New staff completed a comprehensive induction. This included training and shadowing experienced staff.
- Staff were supported in their roles. They received regular supervisions and annual appraisals. One staff member said, "Yes, I feel supported. I can get supervisions whenever I ask for them to be fair."

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

- People were supported to maintain a balanced diet. Staff prepared meals and drinks for people when required.
- Care records detailed the level of support people required. People's preferences and usual meals of choice were also detailed in care records.

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

- Staff promoted people's health and wellbeing. Staff contacted relevant health care professionals on people's behalf, when needed.
- Care records documented engagement people had with health professionals such as GP's, community psychiatric nurse and pharmacists. Recommendations from health professionals were incorporated into people's care plans, where required.

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 worked within the principles of the MCA. Mental capacity assessments, best interest decisions and consent forms were in place, where appropriate. Care records detailed if people had an appointed Lasting Power of Attorney to make decisions on their behalf.
- Staff received regular MCA training and sought consent from people prior to providing support.

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 received good care and support from staff. Comments included, "They [staff] are good. They treat me with respect all the time," and "They are excellent with my [family member] and really care for them."
- Staff spoke about people with affection and empathy.

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

- People were involved in making decisions about their care. One person said, "I sit down every three months with the staff and have conversations about any needs of mine."
- People had access to advocacy services. Information about local advocacy services was available for people. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a respectful, dignified manner. Care plans detailed how staff should support people whilst promoting their privacy and dignity. One person said, "When they [staff] help shower me, they always respect my dignity as much as possible."
- Staff supported people to maintain their independence. Staff encouraged people to do things for themselves where this was safe. Care plans detailed people's capabilities and what daily tasks they required support with.
- People's personal information was stored safely. Care files were kept in locked cabinets and electronic information was stored on password protected computers which were only accessible to authorised staff.

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 remained the same. 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

- People received person-centred care. Comments included, "The carers talk about anything I need almost every day when they come to see me, I'm happy with this arrangement."
- Care plans detailed their needs and how they wanted staff to support them with specific tasks. Staff regularly reviewed care plans to ensure they reflected people's needs.

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 were given information in a way they could understand. Care plans described appropriate methods staff needed to use to communicate effectively with individuals.

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

- People's social needs were met. People lived active lives, and most did this independently. Staff knew people well including their hobbies and interests.
- Staff supported people with companionship where needed. This included supporting them to access the local community such as the park and a local book club. Staff also spent time with a person in their apartments to mitigate social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. People and their relatives had no complaints about the service but knew how to raise concerns if needed. One person said, "I've had nothing to complain about but if I did, I would go and speak to [Registered manager] in the main office."
- The registered manager was proactive in dealing with minor concerns to prevent them from escalating to an official complaint. All complaints or concerns raised had been investigated and appropriately actioned.

End of life care and support

- People's end of life wishes were respected. Care records contained details of any advanced decisions people had. Their spiritual faith was recorded in care plans as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager and staff promoted a positive culture in the service. They were open and approachable to all. Comments from people and relatives included, "[Registered manager] is always friendly when I speak to her. She seems happy to listen," and, "[Registered manager] is friendly, approachable and a good listener. She seems concerned about people and she even visited the hospital to see my [family member]."
- The service was well-managed and supported people to receive safe care. People and relatives were happy with the service received. Comments included, "It's brilliant," and, "They [staff] are a good team."

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

- The service was open and transparent. Statutory notifications were submitted in a timely manner for significant events, such as safeguarding concerns.
- Staff worked together to maintain the quality and standards of the service. This was in-line with the providers values.
- The quality of the service was regularly monitored to ensure people received a high standard of care. This included regular audits and feedback from people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People and relatives were asked to share their views of the service. Management used regular meetings and questionnaires to obtain feedback from people and relatives.
- Staff attended regular meetings to discuss the service and receive any updates regarding the development of the quality or delivery of the service.
- The provider, management team and staff worked in partnership with key stakeholders to achieve positive outcomes for people, such as GPs, pharmacies, mental health team and community psychiatric nurses.