

## Housing 21

# Housing 21 – Priory Court

### Inspection report

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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

Housing & Care 21 - Priory Court provides personal care to people living in flats in one community hub style complex. There were 34 people receiving personal care at the time of our inspection. 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 told us they were very happy with the care and support they received and that the care staff were reliable, on time, caring, and well trained.

People received person centred support and staff knew people very well. People were supported to build and maintain important personal relationships that mattered to them.

The provider had systems in place for communicating with staff, people and relatives to ensure they were fully informed about important information. People had good links to the local community with the general public able to access post office and hairdresser services within the complex.

People were supported to be independent, their rights were respected and access to advocacy was regularly available. Support was provided in a way that put the people and their preferences first. Information was readily available for people in the correct format for them, including large print.

People were empowered to have a role in the management and development of the service via an active tenants committee.

Audits and monitoring systems were used effectively to manage the service and to make improvements.

There were enough staff to support people. Staff received support and a variety of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident to raise concerns appropriately to safeguard people. Robust recruitment and selection procedures reduced the risk of unsuitable staff being employed. Medicines were managed well, safely administered and recorded accurately.

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.

Appropriate healthcare professionals were included in people's care and support. People were supported to have enough to eat and drink.

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

#### Rating at last inspection

The last rating for this service was good (published 13 April 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?

Good ●

The service was safe.

Details 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.

# Housing 21 – Priory Court

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector and an Expert by Experience carried out the inspection. 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

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 registered manager. This means that when registered 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 announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### 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. The registered manager and provider were working closely with the local authority commissioners on improving the quality of the service.

Due to technical problems within the CQC, the provider was not able to complete a Provider Information Return. 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 spent time with people living at the service. We spoke with the registered manager, two care staff and a visiting healthcare professional. We also spoke with four people who used the service and four relatives over the telephone.

We reviewed a range of records. These included two people's care records and four medication records. A variety of records relating to the management of the service, including audits and procedures.

#### After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports from external professionals and policies.

# 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.

### Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "You feel safe and wanted, you are looked after, fed and warm, everything you need."
- People had personalised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed how staff could reduce these risks.

### Learning lessons when things go wrong

- Accidents and incidents were recorded. These were analysed to look for any patterns or trends and appropriate action was taken to minimise further incidents.

### Using medicines safely

- People received their medicines as prescribed and medicines were managed safely.
- People's relatives also felt medicines were managed safely. One relative told us, "There are no issues with her medicines. This is the main reason for the care, she takes her medicines regularly. They make sure of that. She's aware and they write it down it's all documented."

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

- Staff had received safeguarding training and were able to raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

### Preventing and controlling infection

- Staff were provided with plentiful supplies of protective gloves and aprons.
- The registered manager did regular infection control checks on care staff.

### Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety.
- Staff were recruited using robust checking methods to reduce the risk of unsuitable staff being employed.

# 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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. One person told us, "One carer comes if she's qualified, if it's a new girl they come with an experienced carer. Someone's always training them."
- Staff were supported with regular supervisions and appraisals.
- New employees completed an induction which included shadowing more experienced staff.
- The provider's training programme offered progression to staff one staff member was working towards an assistant care manager role.

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

- People's preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives. This was reflected in their care plans.

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

- People's nutrition and hydration needs were met, and people were provided with a varied and nutritionally balanced diet.
- The staff were aware of people's dietary needs. People who required a specialist diet were supported well and their care plan had details and professional guidance to follow.
- Staff told us they regularly go out to collect fish and chips for people on request when the restaurant is closed and this has proven popular.'

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

- The service worked regularly with external professionals, such as speech and language therapists and GPs, to support people's health. A healthcare professional who told us, "I think it is an excellent service, all the people are happy, I go into different flats for people's different needs, no one seems to complain."

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

- Referrals were made to other healthcare professionals, where appropriate, in a timely manner for people.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests.
- People who could were asked to give consent to their care and treatment; we saw this was recorded in care files where appropriate.

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

- People were supported to access services that provided adapted equipment where required.

# 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

- There was a positive rapport between people and support staff. We observed staff to be extremely caring and supportive towards people. One person told us, "I can't fault them, they are always willing, with caring attitudes".
- People were supported to maintain personal relationships, to visit family and spend time with peers, partners and friends.
- Staff were trained in promoting dignity and respect. Staff treated people with kindness and respect.
- People could be supported to follow their chosen religion and to attend their place of worship if they wanted. One person told us how staff supported them to attend their local church regularly.

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

- People were empowered to be part of the tenants' committee to influence how the service was run. We were shown round the complex by one of the members whose role was to 'meet and greet'. They told us, "The tenants are interested to know what goes on. If someone does something outstanding I let the manager know. It's my job to show anyone new that visits around the building."
- People were supported to make plans and discuss any changes to their support; their relatives would be included if appropriate.
- People were supported to have their say and had independent advocates when required.
- Staff spent time listening and talking to people.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to achieve increased independence. One person told us; "I keep my independence. They encourage you to do things for yourself if you can".
- People were supported to make choices. One relative told us; "Yes they offer choice, if he doesn't want it done, he tells them. They try, they are spot on".
- Staff engaged with people in a dignified way. One person told us, "Yes they are respectful. They help dry me if I'm not able to do it".

# 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 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

- Person centred care plans were in place.
- People were involved in regularly reviewing their care plans.
- The support people received was individual to their needs and was delivered in a person-centred way.

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 were supported to maintain relationships with peers and family.
- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them, including weekly craft classes, holy communion, cinema trips with staff and a recent harvest festival event. One person told us, "I'm pleased to know the food donated goes to the food bank feels like a double celebration".
- During our inspection people were busy and enjoying a saxophonist playing in the communal lounge.

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 supported with their communication needs and each person had their own communication plan.
- Various documents including newsletters were available to people in different formats, including large print and images.
- Some people benefited from rehabilitation following a stroke to improve their communication. Staff worked as a team to support this.

Improving care quality in response to complaints or concerns.

- An accessible complaints procedure was in place.
- People were supported to complain if they wanted to. One person told us; "I would go to the manager she would sort out any problems in a careful, nice way. I've no complaints I go with the flow".

End of life care and support

- No one was receiving end of life care. People had plans in place that captured their wishes if they chose to.

# 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 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.

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

- The provider had personalised contingency plans for people to ensure minimal disruption to care in case of an emergency.
- Policies, procedures and audits were current and in line with best practice.
- The provider had sent us notifications relating to significant events occurring within the service.
- People were supported by staff who felt valued. One member of staff told us; "It's always nice here there's a nice atmosphere, I look forward to coming to work".
- The staff team were valued and won internal awards from Housing 21 in 2019 for best housing in North East and outstanding team work
- Long standing staff were recognised by the provider by a visible star badge scheme.

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

- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings. They said, "Meetings are useful and anything the manager needs to tell us, any changes we need to know about, policy of the month etc. We have a forum also, its extra and the regional manager attends other schemes".
- People and relatives were asked for their views on the service and these were acted upon.

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

- The culture at the home was to support people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences.
- There was a good system of communication to keep staff, people and their families informed of what was happening. The registered manager produces a regular you said we did notice for staff and people who use the service.
- People were listened to and the most recent satisfaction survey scored 100% positive feedback.

Continuous learning and improving care

- People who used the service interacted positively with the registered manager. We observed people approaching the registered manager and a positive rapport was noted.

- The registered manager took on board opinions and views of the people who used the service and their relatives to make improvements.
- The registered manager was expanding their knowledge by taking part in internal projects to share best practice.
- The providers training programme has been recognised nationally by the investors in people gold award 2018.

#### Working in partnership with others

- The registered manager worked closely with the local police who held their 'police and community together' meetings in the communal area along with the tenant's meetings.
- People were encouraged to be active citizens within their local community.
- The communal area of the complex was accessible to the local community and included a post office, shop and hair dressers. One person told us, "That's how I knew I wanted to live here, I used to come in to use the hair dressers".
- The registered manager worked with people to develop a putting green making use of donations from the local golf club'
- The registered manager worked with health and social care professionals to ensure people received the care they needed. A visiting healthcare professional told us, "I would recommend my relatives live here, that says it all everyone is approachable, any concerns are raised and addressed".

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

- The registered manager understood their duty of candour responsibilities and their management style was open and transparent.