

Housing 21

Housing 21 – Keelboat Lodge

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 21 – Keelboat Lodge is an extra care housing scheme that provides personal care and support to people in their own homes. At the time of the inspection the service supported 54 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 and felt it was safe and staff were caring. Comments from people included, "Nothing could be better," and "This place is absolutely unbelievable, the whole feeling of belongingness and friendliness. It is like having another family."

There were systems in place to keep people safe. Staff safeguarded people from abuse where possible. Risks to people's health, safety and well-being were managed. There were enough staff to meet people's needs and safe recruitment processes were followed. Medicines were safely administered and managed. The provider learned from previous accidents and incidents to reduce future risks.

People's needs were assessed before they received support. Staff received regular training and were supported through regular supervisions, observations and annual appraisals. Staff supported people with their nutritional needs 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 supported people in a respectful, dignified manner. One relative said, "They [staff] always talk nicely to my [family member] and show respect." People were encouraged to maintain their independence and 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 knew how to raise any concerns and felt confident in doing so.

People and relatives were happy with the service and felt it was well-managed. The registered manager promoted an open and honest culture and was approachable. The provider had an effective quality assurance process in place which included regular audits. People and relatives were regularly consulted about the quality of the service through surveys and meetings. Staff were involved in the ongoing 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 18 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?

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.

Housing 21 – Keelboat Lodge

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

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 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.

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 of the type of service, we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity took place on 6 and 13 March 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 seven people and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, assistant housing manager, two assistant care managers, four care workers and the care administrator.

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

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 felt the service was safe. Comments included, "I feel very safe. They [staff] will do everything for me. I love it here," and "[Family member] is definitely safe here as the staff are great and very accommodating."
- Staff were knowledgeable about people and felt confident protecting them from abuse. One staff member said, "I would go to the assistant care managers [with any safeguarding concerns], and if nothing happened, I would go to [registered manager]."
- Safeguarding concerns were reported to the local authority in a timely way and were appropriately actioned, where required.

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

- Risks to people's health, safety and wellbeing were assessed and managed.
- 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.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Comments from people included, "They [staff] always come on time," and "They come in when I need them to."
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Medicines were administered and managed safely. Comments from people included, "The carers bring me my tablets on time. They make sure I take them."
- Medicines were administered by trained and competent staff.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

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

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 were able to 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 changing needs and wishes.

Staff support: induction, training, skills and experience

- People were supported by trained and competent staff. Training was delivered to staff both face to face and via the provider's E learning system. Comments from staff included, "There's always training going on all time. We get plenty of refresher courses and it's good to have because things can change from one course to the next."
- Staff completed a comprehensive induction at the start of their employment.
- Staff were supported in their roles through regular supervisions, observations and annual appraisals.

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 any specific dietary needs people had and what support they required from staff.

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

- People were supported to maintain their health. Staff contacted relevant health care professionals on people's behalf, when needed. Comments included, "If you need to see any medical people [staff] will get them," and "If I want anyone to take me to the hospital one [staff member] will come with me."
- Care records documented engagement people had with health professionals.

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.
- 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 appropriate care and support. Comments from people included, "All the staff are very nice to me and I would be happy to live here forever," and, "I love the staff they are all very nice and will do everything they can."
- People were supported to maintain relationships that were meaningful to them. Relatives spoke very highly of staff and told us they were happy with the support their family members received. One relative said, "All the carers are friendly. It gives me peace of mind knowing my [family member] is happy here."

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

- People were involved in making decisions about their care. Comments included, "[Staff member] and I sit down and do the care plan together. We talk about it and discuss things," and "I have a care plan, they went through it yesterday."
- People had access to advocacy services. Information about local advocacy services was available for people and staff supported people to access appropriate advocacy services, if needed. 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 respecting their privacy and maintaining their dignity. One person said, "I am fully respected. They [staff] always knock on the door before they come in. I love it here."
- People's independence was promoted and encouraged by staff. Care plans detailed people's capabilities and what daily tasks they required support with.
- People's personal information was stored securely. 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 which met their needs. Care plans instructed staff how to support people in line with their needs and wishes.
- 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.
- Staff received training to enable them to communicate effectively with people. A number of staff had trained in British sign language so they could communicate with a person they supported.

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.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and actioned. People and their relatives knew how to raise concerns. Comments included, "[Registered manager] is a great manager. I thoroughly respect her and I can go straight to her [if I have any concerns]," and, "[Registered manager] is lovely. We don't have any problems, but I would be happy to go to her if we did."
- All complaints or concerns raised were appropriately actioned in accordance with the provider's complaints procedure.

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 requires improvement. At this inspection this key question has improved to good. 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; 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 provider and management team monitored the quality of the service to ensure people received a high standard of care. This included the completion of audits. Any issues or errors identified were investigated and acted upon.
- The registered manager conducted themselves in an open and transparent way. Statutory notifications were submitted in a timely way for significant events that had occurred in the service.
- The registered manager and staff understood their roles and responsibilities in relation to maintaining the quality and standards of the service.

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

- The registered manager promoted a positive culture in the service. They were open and approachable to all. Comments from people and relatives included, "[Registered manager] is lovely, you can talk to her. I asked her advice about something recently and she give me advice, which I appreciated. She is always here and works extra time," and, "[Registered manager] is very helpful. She is always available if you need to ask anything."
- The service was well-managed. People and relatives were happy with the service and management. One person said, "If you need some support, come to Housing 21 [provider], they are brilliant."

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

- Feedback from key stakeholders was used to improve the service. People and relatives were asked to share their views of the service via surveys and through regular meetings.
- 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, community psychiatric nurses and speech and language therapists.