

Housing 21

# Housing 21 - Laurel Gardens

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# 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 36 people receiving care. The service consists of 70 two-bedroom flats and bungalows.

### People's experience of the service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

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 involved in their risk assessments and safety care planning arrangements. This helped to ensure people received the support they wanted. People were supported to receive their medicines safely from staff who had received training in safe medicines practices.

### Right Care

There were enough staff to meet people's packages of care. People said staff arrived when they expected them and did everything that was required of them. Staff understood their role in safeguarding people from the risks of abuse or discrimination and their responsibility to record and report any concerns. The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

### Right Culture

People and relatives told us the registered manager and senior staff were visible in the home and were very approachable. People were invited to complete surveys and provide feedback on the quality of the care they received and make suggestions to develop the service further. Staff told us they enjoyed working at Laurel Gardens and valued their role in supporting people to live as independently as possible. Staff told us there was a 'no blame' culture in the service and learning was shared to improve outcomes for people.

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 and update

The last rating for this service was Requires Improvement (published 10 January 2020) and there was a

breach of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at the last inspection.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Housing 21 – Laurel Gardens on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# 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. 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors.

#### 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 18 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity commenced on 30 January 2024 and finished on 6 February 2024. We visited the provider's office location on 30 January 2024.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners and 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We gathered feedback from 5 people who used the service and 2 relatives or representatives about their experience of the care provided. We gathered feedback from 7 staff, including the registered manager, an assistant care manager, an administrator, 3 care staff and the provider's regional manager.

We reviewed a range of records. These included 4 people's care records and multiple medication records. We checked 3 staff recruitment and induction files. We reviewed records relating to the management and safety of the service, including audits, risks analysis, feedback and training records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection we found some risks had not been properly assessed. At this inspection improvements had been made.
- The provider assessed risks to ensure people were safe. For example, risks in relation to falls, medicines and people's social needs. People's risk assessments and care plans gave staff the guidance they needed to care for people safely.
- People were involved in their assessments and safety care planning arrangements. This helped to ensure people received the care they wanted.
- One person explained how staff understood the best way to help them to remain safe when moving around their home. This person told us, "My balance is not good. Staff always remember to put my walker [equipment] in front of me." Another person said staff were always careful to check their physical safety.
- People gave examples showing how staff were skilled at identifying if any of their safety needs or preferred lifestyles had changed. They told us staff took action to support them when this happened. One person told us they lived with complex physical care needs and said, "Staff would notice if I was unwell and would call an ambulance."
- Staff told us risks were handed over between shifts to keep people safe. One staff member explained, "If we come off shift and someone is not well, we hand it over to the night staff and they will put in extra welfare calls."
- As part of their care package, people had an alarm they could use if they needed urgent assistance. One person told us, "They [staff] always tell you to press your pendant if you want anything." Another person said staff always checked they had their emergency call pendant available.

### Staffing and recruitment

- Improvements had been made since our last inspection to ensure there were enough staff to meet people's packages of care.
- People said staff arrived when they expected them and did everything that was required of them. One person said, "You can rely on them [staff] doing what they need to do in the [care] calls and staying the right time. You get cared for by [staff] who know you and that is nice."
- One person told us it was important for them to have a consistent staff team, because of their sensory needs. This person told us, "I am happy with the care call times. Staff always stay the length of time expected and don't rush, so you can have a bit of a banter. They are regular staff, and always put things in the right place."
- The provider undertook checks on potential staff before they were allowed to work with people. These included taking up references and obtaining Disclosure and Barring Service (DBS) checks. DBS checks

provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People told us they would be confident to raise any concerns if they felt unsafe or were not treated well by staff. One person said, "[Registered manager] would do something if I had concerns." This person told us they had raised a concern previously and it had been dealt with promptly by the registered manager. Another person said, "Staff would listen if I raised any concerns, but I have not needed to."
- Staff understood their role in safeguarding people from the risks of abuse or discrimination and their responsibility to record and report any concerns. Staff told us they felt confident to escalate any issues if they felt they had not been responded to. One staff member commented, "I would phone safeguarding, they need to know I am worried about someone vulnerable."
- The registered manager knew how to report concerns to the local authority. Action was taken in response to concerns to minimise risks and promote people's safety.

Using medicines safely

- People were supported to receive their medicines safely. One person told us, "You can definitely rely on staff to give you your medicines. They always record this on a chart." Another person said, "They [staff] always remember to put my [pain relieving] gel on my shoulder."
- People's Medication Administration Records (MAR) showed people's medicines were administered as prescribed. One person said, "Staff always make sure I have taken my medicines and that none have fallen on the floor."
- Staff received training to administer medicines safely and had regular checks on their competency to ensure they continued to do this in a safe way.
- Staff supported people to store and dispose of their medicines safely.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- One person said that when required, "Staff always wear special gloves and masks. It is important they know to do this, and they do."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff understood the provider's policies and procedures for reporting and responding to any accidents or incidents.

Is consent to care and treatment always sought in line with legislation 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 MCA 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.

- The registered manager understood their responsibility to protect people's rights and what to do when someone might not have the capacity to make their own decisions, so any decisions made on people's



behalf were made in their best interests.

- One person told us staff had been made aware of who had the legal powers to make some decisions on their behalf, should this be required.
- People told us staff respected their right to make their own decisions. One person said staff always listened to decisions they made, such as what meals they wanted prepared for them. Another person said, "I decide what care I want, what I want to wear, eat, what time I want to go to bed. I prefer a later [care] call and I got this."

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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; Continuous learning and improving care

At our last inspection the provider's quality assurance checks were not always effective in identifying where improvements were required. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. At this inspection the provider had made enough improvements, and the service was no longer in breach of the regulation.

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Where quality assurance processes identified areas for improvement, action was taken. For example, increased checks, staff training and observations of practice had resulted in a decrease in medication recording errors.
- The provider learned from incidents and mistakes to ensure sustainable improvement was implemented. Following recent feedback, the provider's infection control protocols had been updated to ensure they accurately reflected the most up to date government guidance.
- Staff felt confident to report any mistakes or errors. They told us there was a 'no blame' culture in the service and learning was shared. One staff member told us, "Errors are dealt with, and suggestions made to make sure it does not happen again."

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

- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People told us the registered manager and senior staff were visible in the home and were very approachable. One person told us they felt the home was well managed because, "The carers [staff] are good, and work well together. The [registered] manager does come and see me if there is anything important." Another person told us, "I have no complaints about the staff. [Registered manager] was up this morning to have a chat, see how I was and check everything was okay."
- People particularly spoke of the caring and friendly support they received from staff. One person told us, "I love living here. If things are within staff's power, they will sort it out. The staff are really good. We have a laugh, and they are like friends." A relative commented, "All staff are happy and chatty. They accommodate [Name] and all her care needs. They have got to know [Name] on a personal yet professional level whilst providing a person-centred approach."

- Where a need was identified, the registered manager advocated on behalf of people. For example, the registered manager had recently submitted a complaint on behalf of a person following an unsafe transition between services.
- Staff told us they enjoyed working at Laurel Gardens and valued their role in supporting people to live as independently as possible. One staff member told us, "I love my job. You get good job satisfaction because it is about helping people." Another staff member told us they were proud of working at the service because they were, "Making a difference to someone's day. We can have a lot of interaction and we have a lot of laughs – that is nice, making someone smile."

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 management team promoted transparency. They were open with people and relatives when issues arose and shared any actions taken to make things better. Where mistakes had been made, apologies were shared with people and/or their relatives.
- The provider and registered manager understood their role in meeting regulatory requirements.

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

- People and their relatives were invited to complete surveys and provide feedback on the quality of the care they received and make suggestions to develop the service further. One person told us, "I have been asked if I want anything different, but I can't find anything I would want to change." Another person said, "We get surveys, but I have had no suggestions to make as I am satisfied with the care."
- One relative told us, "We are asked for our opinions and views on a regular basis, and we are always listened to, and any concerns addressed within a timely manner."
- Staff felt communication was good with information being shared effectively.
- The provider was developing strategies to ensure an inclusive culture where equality, diversity and respect were promoted. This included a respect and inclusion charter and various forums to encourage people to speak up, confident they would be heard.

Working in partnership with others

- The provider worked in partnership with others to ensure people achieved the best health outcomes possible.
- The registered manager had implemented systems to enable people to access specialist advice from other health and social care professionals. The registered manager explained how these systems had a positive impact on the people they provided care to, as people were able to gain the support they needed quickly. They told us, "It makes a massive difference, because people get continuity of care, and we can act on what they [health professionals] have put in place."
- One person told us staff respected their right to manage their own complex physical care and to manage routine appointments. However, the person also told us, "I am confident staff would 'phone my GP or the district nurses to get help for me if I had infections."