Housing 21

Housing 21 - Pantiles House

Inspection report

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Date of inspection visit:
04 May 2022
10 May 2022

Date of publication:
07 June 2022

Ratings

Overall rating for this service	Good

Is the service effective?	Good
Is the service caring?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Housing 21 – Pantiles House provides personal care and support to people living in an extra care housing scheme. This consists of 33 individual flats within a staffed building with some communal areas. At the time of our inspection there were 33 people using the service. The organisation also manages the building. 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
At the last inspection the service was not always caring. People and their relatives said that not all staff were friendly, caring and compassionate when providing care.

At this inspection most people and their relatives said the staff team now provided care and support in a friendly, caring and compassionate way which met their needs.

People told us they liked the way staff provided care and support for them. This was carried out in a manner that made them feel comfortable and relaxed. People and their relatives said staff acknowledged and respected people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and do the things, they still could, for themselves. This promoted their self-worth and improved their quality of life.

At the last inspection the service was not always well-led. Concerns were raised by people and their relatives regarding the management of the service. The registered manager had left, and an interim manager was in place.

At this inspection a new manager was appointed and had applied for registration with the Care Quality Commission (CQC). Most people and their relatives were far happier with the service now being provided.

At the last inspection the Quality Assurance (QA) and care planning system had not always ensured people received their calls on time and for the full duration even when shortfalls were identified.

At this inspection the quality assurance and care planning system ensured people received their calls on time and for the full duration.

At the last inspection due to people's misunderstanding of the service provided, the support they received did not always correspond to their expectations.

At this inspection people understood what they could and could not expect from the service.

The service culture was open, honest and there was a clearly defined vision and values that staff we spoke with understood and followed in a caring, kind and sympathetic way. The quality Assurance systems (QA) and audits identified issues, and they were addressed. Areas of responsibility and accountability were identified, with staff willing to take responsibility and report any concerns. There were well-established working partnerships with health care professionals. Records including people's daily logs and care plans were up to date, as well as staff information. People praised the caring approach of the manager and staff.

People and their relatives told us, and we found, that effective care was provided, people were not discriminated against and their equality and diversity needs were met. Staff were well-trained, appropriately supervised, and appraised. People and relatives said staff provided care well, and it met their needs. People were encouraged by staff to discuss their health needs, any changes to them and they were passed on to appropriate community-based health care professionals. The provider was part of a professional's network that enabled seamless joined up working between services based on people's needs, wishes and best interests. It included any required services transitioning as people's needs changed. People were protected by staff from nutrition and hydration risks, and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

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 requires improvement (published 5 January 2022) and there were multiple breaches of regulation. 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
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused inspections to follow up on previous breaches and to check specific concerns.

We undertook a focused inspection approach to review the key questions of Effective, Caring, and Well-led where we had specific concerns about people not always being treated with dignity and respect, the findings of the QA system not being addressed, shortfalls of the care planning systems placing people at risk and the support available not meeting their expectations.

As no concerns were identified in relation to the key questions Safe and Responsive, we decided not to inspect these questions. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housing 21 – Pantiles House on our website at 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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Housing 21 - Pantiles House

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 was carried out by one inspector.

Service and service type
Housing 21 – Pantiles House is an 'extra care' scheme. 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. At the time of the inspection the service was providing personal care for 28 people.

The service did not have a manager registered with the Care Quality Commission. The manager had submitted an application to become registered. This means that the provider is 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or interim manager would be in the office to support the inspection.

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 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 in person with the manager. We spoke with seven people and relatives, and four staff, to get their views about the care provided. We reviewed a range of records. They included staff rotas, training and supervision, people's medicines records, risk assessments, care plans and reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included action plan review information and further audits. We received the information which was used as part of our inspection.

Good

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 not rated. At this inspection this key question is now Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were well supported, skilled, experienced and trained. One person said, "I can put my hand on my heart and say I'm exceptionally well looked after." Another person told us, "Staff are friendly and I can do what I want, when I want but they still check I'm alright."
- The provider provided staff with good quality induction and mandatory training that enabled them to support people and meet their needs. Staff said the quality of the training was very good. They told us the training enabled them to not only perform the tasks required of them but make a difference to people.
- People said the staff were competent, professional and they liked the way staff performed their duties. One person said, "Whilst staff and the manager are jovial and you can have a laugh, when it comes down to business to be done it gets done." Another person commented, "I'm looked after by nice people [staff] I was always taught be thankful for what you've got and to me living here couldn't get any better." A member of staff told us, "Good quality training. If you don't understand or get it they take time and go through it again with you until you do."
- Staff had the importance of clear communication impressed upon them during induction training and this was revisited during training and supervision.
- New staff were introduced to people before providing them with a service. They were also given information about people, their routines, and preferences to improve their knowledge of people. This meant people felt more relaxed and comfortable receiving care and support and relatives had more trust in the staff providing support for their loved ones.
- Staff induction was comprehensive and based on the Skills for Care 'Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- New staff undergoing induction were required to complete a workbook based on skills, knowledge and behaviours. They were also provided with information books that included scenario situations to enhance their knowledge. The staff files we inspected had a checklist recording that the different recruitment and training components had been completed.
- The training matrix identified when mandatory training required updating. Staff mandatory training included moving and handling, falls awareness, safeguarding, medicines administration, health and safety and mental capacity. There was also specialised training focussed specifically on people's individual needs with guidance and plans. This included dementia awareness.

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

- The provider took new referrals from local authority commissioners or privately. The manager told us, when a new enquiry was received, an appointment was made for an assessment with people and their

relatives, at their home or at the Pantiles. The assessment was carried out at a pace that suited the person and their needs.
● People's physical, mental and social needs were comprehensively assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. The provider provided easy to understand written information for people and their families

Supporting people to eat and drink enough to maintain a balanced diet
● If people required it, staff supported them to eat, drink and maintain a balanced diet. When needed they were assisted with oral feeding, and staff monitored food and fluid intake.
● People had care plans that contained health, nutrition and diet information with health care action plans. Nutritional assessments were regularly updated and there were fluid charts, as required. This was to ensure people drank enough to be hydrated. If staff had concerns, they were passed on to the management team, who alerted appropriate health care professionals, if required.
● If people required support with diet, staff observed and recorded the type of meals they ate and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still had meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care
● People were supported to keep healthy by the provider and staff by maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
● The provider signposted people to other organisations that may be able to meet needs outside the service provided, to prevent social isolation. This improved people's quality of life and their social inclusion.

Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access community-based health care professionals, such as district nurses and to refer themselves to health care services, such as their GP, when required.
● Staff reported any health care concerns to the office who alerted appropriate health care professionals and commissioning bodies.
● People's health and medical conditions and any changes were recorded in their care plans.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Where people may need to be deprived of their liberty (DoLS) in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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. 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.

● The manager was familiar with the MCA, its requirements and their responsibilities.
● The initial care needs assessment included a capacity to make decisions section and consent to provide support.
● People also signed a consent form to keep relevant information about them and consent to share where

appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams

Good

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 Requires improvement. At this inspection this key question has now improved to 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

At our last inspection we were not assured that due to the attitude of some staff people were always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People were well treated and supported with their equality and diversity respected. They and their relatives said that staff provided care which met their needs and they generally liked the way staff provided them with care and support. One person said, "The manager and staff are very good." Another person told us, "Staff care and if I'm upset they calm me down and give me reassurance, especially the manager." A relative said, "It is a lot better know and there is a momentum to keep improving."
- Staff received training in respecting people's rights and treating them with dignity and respect. People, and their relatives told us staff acknowledged and respected their privacy, dignity and confidentiality. One person said, "I'm always treated with respect."
- People thought staff were committed to the care they provided for them. One person said, "They [staff] look after me one hundred percent."
- Staff had access to privacy and dignity policies and procedures and there was a confidentiality policy and procedure that staff understood and followed. Staff were required to sign that they had read and understood this policy. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- Staff had also received equality and diversity training and people said they were treated equally, fairly and their diversity and differences were recognised. People told us they found staff to be supportive, caring and they enjoyed and were relaxed in the company of the staff. People said they were treated as adults by staff who did not talk down to them and people were treated as equals and equally.

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

- People said they were listened to, particularly by the manager and their views were taken into account. One person told us, "The manager always makes time to listen."
- People's care plans recorded that people and their relatives were involved in the decision-making process about the care and support they received.

● The service sign posted people to advocates if they required support or representation.

Respecting and promoting people's privacy, dignity and independence

● Relatives said that staff knowledge of people meant they were able to understand what words and gestures meant if people had difficulty communicating. This meant they could support people appropriately and without compromising their dignity. They were also fully aware this was someone's home and they must act accordingly and in a respectful manner. This was demonstrated by staff knocking on people's doors, announcing themselves, and asking if it was alright to come in before entering.

Good

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 now 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

At our last inspection we were not assured that the negative findings of the Quality Assurance (QA) system were being addressed and shortfalls of the care planning systems placed people at the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The QA and care planning system ensured that people were receiving their calls on time and for the full duration. The QA system had key performance indicators identifying how the service was performing, and areas that required improvement. The information was thoroughly analysed and if a decline in quality of care was identified it was addressed.
- People and staff told us that the quality of the service was good. One person said, "It is so much better now than it was a year ago." One staff member told us, "The teamwork is a whole lot better."
- The manager and staff carried out regular checks to identify the quality of care staff provided and were clear about their roles and its importance. Monitoring and quality assurance included supervisions, appraisals, spot checks, direct observations, and daily logbook entries. These were carried out with appropriate frequency to make them effective.
- The governance assessments, plans, policies and reports reviewed risk and development, within the service.
- Regular audits were now taking place at intervals appropriate to the areas being audited. These included six monthly quality reviews by the extra care operations manager and care plan reviews, communication logs, falls risk management, and health and safety. People's care plans were reviewed a minimum of annually or sooner, if required.
- The service looked for areas to improve and progress the quality of services people received, by working with voluntary and statutory partners, to meet local needs and priorities. Feedback was integrated from organisations such as district and palliative nurses and GPs to ensure the support provided was what people needed. This was with people's consent. They worked with hospital discharge teams so that people's return from hospital to their flats happened as smoothly as possible and that food and drink was in place.
- The manager and staff were clear about their roles, its importance and quality performance. A staff

member told us, "He [manager] is a good leader who provides great support."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.
● The service had a culture that was open, honest and positive. People and their relatives said this was because of the attitude and contribution made by the manager that had a very positive effect on staff by leading by example. Staff responded to him by listening and doing their best to meet people's needs. One person said, "The present director [manager] is excellent very caring." Another person told us, "Anything we need he [manager] provides and we don't have to wait a long time." One member of staff said, "The manager is proactive, energetic and responsive. When staff are down he supports them."

● At our last inspection we were not assured that the support people received always corresponded to their expectations. This was a breach of regulation (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

● The available services provided were now fully outlined so that people and their relatives were aware of what they could and could not expect from the service and staff. This was underlined by the statement of purpose and guide that set out the organisation's vision and values which were understood by staff, and people said reflected in staff working practices. A statement of purpose describes what you do, where you do it and who you do it for. Staff told us they felt well supported by the manager and senior staff. One staff member said, "Before I wasn't very happy in my job. Now I look forward to coming to work."
● There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted an inclusive and empowering culture within the service.

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 was aware of their duty of candour responsibility.
● There was a management reporting structure and open-door policy.
● Our records told us that appropriate notifications were being made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others
● People, their relatives and staff told us they were given the opportunity to voice their views about the service. One person said, "They [manager and staff] make time for people and that makes a difference." A staff member said, "The manager does listen and appreciates that sometimes people can be abusive towards us."
● Contact was made in person daily, by telephone, and feedback questionnaires and surveys that were available to people, their relatives and staff. Annual care service surveys, and national surveys were scrutinised to identify ways the service could improve.
● Spot checks including observed competence were carried out by the manager and senior staff. There were also post spot check interviews with people, when staff were not present. The manager, shift and team leaders did daily walkabouts. The service identified if the feedback was to be confidential or non-confidential and respected confidentiality accordingly.
● Staff received annual reviews, quarterly supervision and staff meetings so that staff could have their say

and contribute to improvements.
● The service built good links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
● The directory of organisations and useful contacts that was regularly added to and updated.

Continuous learning and improving care
● The service improved care through continuous learning.
● There were regular updates for people, relatives and staff that informed them of updated practical information such as keeping safe guidance.
● There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
● The complaints system enabled staff and the provider to learn from and improve the service.
● People and their relatives provided regular verbal feedback to identify if they were receiving the care and support, that was needed. This included housing-based meetings that were recommencing with people and their relatives.
● Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.