

Housing & Care 21

Housing & Care 21 - Linskill Park

Inspection report

Linskill Terrace
North Shields
Tyne And Wear
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Tel: 03701924000

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11 February 2019

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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 - Linskill Park is an extra-care scheme. The building had 63 two-bedroomed apartments and bungalows. At the time of this inspection, 44 older people received care and support.

People's experience of using this service:

The service was safe. Risks people faced were reduced as much as possible. Staff could recognise the signs of abuse and they reported any concerns in line with safeguarding policies and procedures.

Good communication and collaborative work with external professionals ensured people achieved positive outcomes.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. Staff encouraged people to maintain or regain their independence.

People were well cared for in the comfort of their own homes. Staff knew people very well and they treated people with kindness, patience, dignity and respect.

The service was flexible and provision could easily be changed and adapted to meet people's needs and choices.

Staff supported people to arrange activities and maintain links with their local community. This provided opportunity for social interaction with family, friends and neighbours.

The leadership, management and governance of the service ensured the delivery of high-quality and person-centred care. The registered manager strived to achieve the highest of standards through continuous improvement and developments. The quality and safety of the service was closely monitored through regular checks and audits.

The service continued to meet the characteristics for a rating of good. Therefore, the overall rating for the service after this inspection remained good.

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

Rating at last inspection:

At our last inspection the service was rated good (published 6 August 2016).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care

people received based on the last rating.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in line with our inspection programme.

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good 

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good 

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good 

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good 

The service remained Good.

Details are in our Well-led findings below.

Housing & Care 21 - Linskill Park

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one adult social care inspector and one 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.

Not everyone using Housing & Care 21 – Linskill Park receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 short notice of the inspection visit because we needed to ask people for permission to visit them in their own homes and to be sure staff would be available to assist us to access records.

Inspection activity started on 6 February 2019 and ended on 11 February 2019.

What we did:

Prior to the inspection, we reviewed any evidence we already held about the service. We asked for feedback from the local authority who commission services and the local safeguarding team. We also checked records held by Companies House.

We last asked the service to complete a Provider Information Return in June 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited Linskill Park on 6 February 2019 to see the registered manager and office staff; and to review care records, policies and procedures. We spoke with the registered manager and one assistant care manager. We also visited nine people who agreed to meet with us and we spoke with one relative and one friend. We reviewed information and contacted staff on 7 and 8 February 2019. We emailed all staff for their feedback and to ask questions about their skills and knowledge. We received 12 responses.

We reviewed three people's care records, three staff personnel files and records related to the safety and quality of the service.

After our first site visit, we requested some additional evidence to be sent to us. This was received and the information was used as part of our inspection.

We also met with the designated local authority social worker for Linskill Park who provided us with feedback.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The registered manager continued to monitor and analyse accidents and incidents. Records were made of the actions taken to improve working practices or prevent further occurrences.
- The general risk assessments in place helped to reduce risks people faced in relation to falls, moving and handling and their home environment for example. Preventative measures and instructions for staff helped to keep people safe.
- Specific risks which individual people faced were not comprehensively assessed or described in full in people's care records. For example, in relation to choking and diabetes. We found this had not had an impact on people's care but the registered manager agreed to strengthen the records kept about the risks of specific conditions and how they were individually managed.

Using medicines safely

- People told us they received their medicines safely. One person said, "Carers prompt me every day to take my medication. They give it to me every day. They also watch me take it. I usually get it at the right time."
- Staff had regular medicine support assessments to check their competence.
- People received their medicines as prescribed and at an appropriate time.
- Medicine Administration Records (MARs) were in place for those people who required support to administer medicines. We found that MARs were not in place for people who required a verbal reminder to take medicine themselves.
- The registered manager told us that the provider's medicine policy did not include keeping a record of the medicines support given to a person for each individual medicine on every occasion, if they only required a verbal reminder. This was not in line with best practice guidance. After the inspection, a provider representative told us they would implement a change to the policy and training to ensure it was in line with current legislation and nationally recognised guidance.

Preventing and controlling infection

- Action was taken to protect people from the risks of infection and cross contamination.
- Staff wore personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks.
- Staff followed best practice guidance with regards to transporting and laundering soiled clothing and bedding.
- The provider had installed hand sanitisers around the building. Staff, people and visitors were encouraged to use these.

Systems and processes to safeguard people from the risk of abuse

- People told us they thought the service was safe. Comments included, "Yes I feel safe here. It's secure, I

know who the carers are and feel safe with them" and, "I feel very safe. Always people around and staff are always keeping a check on me."

- Safeguarding procedures remained in place and staff were aware of the action to take if they suspected people were at risk. Staff were proactive to report any mistakes they made which meant most incidents could be easily rectified without people coming to any harm.
- The registered manager thoroughly investigated, recorded, reported and monitored incidents of a safeguarding nature.

Recruitment and staffing

- The registered manager ensured staff were suitable to work with people who required social care. One person said, "I do think they recruit very good staff."
- A safe staff recruitment process had continued.
- The current staff team had a mix of skills, knowledge and experience to safely meet people's needs.
- We considered there were enough staff employed to operate the service safely. People told us, "There seems to be enough staff here. Sometimes the staff are rushed but not often" and, "I have an alarm pendant to press if I'm in difficulty. They do come fairly quickly."

Learning lessons when things go wrong

- The registered manager evaluated accidents and incidents to identify any themes and trends.
- Any lessons learned were shared with care staff to continually improve the service.
- The provider encouraged registered managers to share lessons learned with their peers to promote best practice throughout the organisation.

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

People's outcomes were consistently good, and feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us that staff always asked for consent before carrying out any tasks for them. One person told us, "I do have a male carer, but he doesn't shower me as I would feel embarrassed. The girls always talk through what they are going to do with me when I shower and ask if it is okay for them to do some of it."
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Everyone using this service had the ability to make their own decisions. Staff ensured people were involved in any decision making.
- Staff had a good understanding of their duty to promote and uphold people's human rights.
- The registered manager told us that some relatives held a Lasting Power of Attorney for finances but not care and welfare. Where concern had arisen, the registered manager had reported this to the delegated social worker for Linskill Park to follow up.

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

- Staff assessed people's needs and choices before they received a service to ensure they could be supported effectively at Linskill Park.
- Staff reported issues, concerns or changes to their line manager regarding people's care. Follow up action was taken to ensure people's current needs were met.

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

- The building was designed, adapted and decorated to meet people's needs.
- Apartments contained adaptations such as a fitted kitchen with low work tops and integrated appliances to enable wheelchair users to maintain their independence.
- The provider created a positive impact on people's health and well-being by ensuring the building was modern, spacious, homely and decorated to a very high standard.
- Improvements were being made to communal areas as part of the provider's ongoing programme of maintenance work and decoration. People had been involved in making the decisions about the colour schemes and décor.
- The registered manager told us that individuals needs had been considered. For example, one person who used a specific piece of décor to orientate themselves. This was to remain in place to ensure this person could continue to independently navigate their own way out of the building.

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

- Staff promoted and supported people to live healthier lives and to maintain or improve their general health and wellbeing. Staff worked well with external professionals to encourage people to aim for and achieve positive outcomes.
- The registered manager told us they were trying to improve communication with GP's, especially if a GP intervention impacted on a care package. The registered manager said, "We encourage them all to use the external professional section in a person's care plan."
- People had achieved positive outcomes following the support their received from staff. For example, one person was reluctant to move to an 'extra-care scheme' and receive essential support with personal care. Following initial support, they no longer required assistance with personal care but had become an integral part of the Linskill Park community, often co-managing activities and events for other residents.

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

- Staff monitored people's needs and proactive action was taken. People were quite independent and staff gave just enough support to help people manage a balanced diet.
- Where people faced risks related to food and fluid intake, staff followed plans created by a speech and language therapist or a dietician.
- Staff ensured any support given was in line with people's choices, likes and dislikes.

Staff support: induction, training, skills and experience

- Staff with the appropriate skills and knowledge delivered effective care to people. People made comments such as, "I think staff are well trained. They do their job so well" and, "I can tell they are well trained because of the way they act towards me."
- Many staff were experienced and held qualifications in health and social care.
- Staff training was up to date which included essential topics as well as topics which met people's specific needs. Records of this and assessments of learning were kept.
- New staff undertook a thorough induction programme, probationary period and shadowing.
- Managers held formal supervision sessions with staff and ensured an annual appraisal took place to assess staff knowledge and competency.
- Staff spoke highly of a supportive management team and said they had good opportunity to progress their personal development. The registered manager said, "The managers support network is second to none."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People gave consistent positive feedback about the service. One person said, "The staff are very good. Caring, friendly, helpful and interested in 'you' as a person." Another person said, "We have a right laugh! It's what you need when you can't do things for yourself anymore."
- Staff had a good knowledge of people's likes, preferences and routines. They knew people very well which showed they had spent time getting to know people.
- One person told us how kind and compassionate staff were when they came to live at Linskill Park and that staff continued to make sure the person was coping with the loss and shock of a sudden bereavement. They went on to tell us that they had suffered further bereavements recently and how caring staff were before those funerals. They said, "Staff made sure I had clean clothes for the funeral and looked my best." This demonstrated that staff went the extra mile to support people.
- Staff promoted people's rights and ensured they were not discriminated against in any way.
- An equality and diversity policy was in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs.
- Equality and diversity training encouraged staff to promote a person-centred approach and ensure people's preferences, wishes and choices were respected. People were involved in developing their support plans to ensure their needs were met in a way which reflected their identity and individuality.

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

- Staff had established positive and caring relationships with people and their visitors which made people confident to express their views.
- Staff continued to support people to make decisions about their care and recognised when people needed help from others.
- People had support from external advocates when they needed it. The registered manager had recently referred a person to an independent advocacy service. The registered manager told us, "(Person) wasn't in a good place emotionally and the advocate has supported them emotionally and through applying for healthcare funding."

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their dignity and respected their privacy. They said they felt respected by staff and the feeling was mutual. One person said, "I have to have help when I take a shower. It's difficult when you have to strip off in front of someone. (Staff) are great though, and treat me very respectfully and with dignity." Another person said, "Having a shower is very personal but (staff) shower me with care and it feels dignified. (Staff) let me do my 'personal' washing myself but just make sure I am safe when I do it."
- The registered manager had implemented an "independence tracker" which measured an improvement

(or decline) in individual independence levels. The purpose was to identify key areas of daily life which may need extra support to promote and improve independence. For example, one person's independence had increased by 30% over six months, based on specific focussed outcomes such as falls, food/fluid intake, medicines, social inclusion and care package hours. The person had completed a self-assessment over the same period and made a 34% increase in their own perception of well-being. This was based on the same outcomes plus their own confidence to live independently with support from staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff involved people, relatives (if people wished) and external professionals when making plans of how care would be delivered. Assessments, support plans and reviews were person-centred and contained personalised details of people's preferences, routines and choices.
- Designated staff had responsibility for ensuring assessments and support plans were kept up to date. Routine reviews were carried out to check that people's current needs were met.
- A social worker told us, "If changes in care packages are required, this is discussed with the care managers and they can advise me and agree straight away if this package can be accommodated and provide the times. This ensures that care needs can be met and does not cause any delays to service users and reduces the risk of admission to hospital or a delay in discharge. This quick response reduces the time that is spent on completing paperwork, reducing confusion/errors and having to change plans with service users and their families."
- The service actively promoted the use of assistive technology. The registered manager explained to us how the use of assistive technology had positively impacted on people's ability to remain in their own homes. For example, the service acquired a device for summoning help in an emergency which had very large buttons. This meant the person could press for help when needed, which in turn had avoided the need for them to move to alternative accommodation.
- People had total control of their day to day lives. They told us staff offered them choices and respected the decisions they made.
- Staff encouraged people to lead communal activities. People were involved in a range of activities such as bingo, art classes and a book club. One person told us, "Church groups come in and perform a service, we have carpet golf and movie afternoons. We are going to get a really big TV in the downstairs lounge for this."
- Staff linked up with other local services to promote social engagement and community inclusion. For example, a local nursery performed a nativity play at Christmas, a local school sent their 'young and gifted' musician group to play music. A therapy dog visited and a community health group had started to visit to carry out routine health checks for people.
- Staff had assisted people to secure 'Lotto' funding which had helped them to pay for professional entertainment at parties and bigger events.
- People who received funded support to reduce social isolation had a plan in place which reflected their individual needs, wishes and choices to enhance their lives.

Improving care quality in response to complaints or concerns

- People we spoke with had no complaints about the service. Everyone knew how to complain. One person said, "I would report it to (staff member) and she would take it up with (registered manager). I have nothing to complain about, that's the beauty of it." Another person said, "I would say something to the manager if something wasn't right. I haven't had to make a complaint."

- A complaints policy and procedure remained in place and had been shared with people.
- Complaints made to the service continued to be handled properly and in a timely manner.

End of life care and support

- People who currently lived at Linskill were fairly independent. There was no current need for end of life care. However, the provider had the ability to offer this level of care (if it was needed) as training was widely available, the staff team was consistent and staff were proactive in liaising with external professionals to ensure people's changing needs were met.

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

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 registered manager was skilled and experienced. They were aware of their regulatory responsibilities and very knowledgeable about people's needs. A social worker said, "(Registered manager) is very proactive, approachable and professional and always looking to see how things can be improved."
- There was clear and visible leadership at the service. An improved staffing structure was in place. The staff team were aware of their responsibilities and what they were accountable for. The structure now included four assistant care managers who had delegated responsibility for specific people and staff. Staff told us of "great team work" and, "supportive colleagues."
- Policies and procedures were embedded throughout the service to ensure people received the high standards of care which the provider strived to achieve.
- Where services fell short of the provider's high expectations, a service improvement plan was developed and monitored. The service had met all the actions from their 2018 improvement plan.
- A national auditor conducted audits on each of the provider's services. From their last audit in 2017, Linskill Park achieved an internal rating of 'outstanding'. The registered manager told us they were confident they would retain this rating due to the continuous improvement and developments made.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and the external professionals we spoke with told us this service was well-led. One person said, "The (registered) manager has made a big difference and has implemented lots of new management structures, which really help." Another person said, "This is the way care and housing should be for those people who are getting older. It is a great template for good practice." A social worker told us, "They have gone over and above what would be required to meet people's expectations."
- Staff told us they were proud to work at Linskill Park. Staff were motivated and inspired by the leadership to deliver high-quality, person-centred care.
- There continued to be a strong culture of governance at the service. Care staff, managers and the provider conducted regular checks of the service to ensure staff delivered high quality, person-centred care. Audits contained detailed action plans to address any issues promptly.
- Regular management meetings took place to review all aspects of the service. Registered managers met with their peers monthly to share best practice and learn from each other.
- The registered manager promoted candour, honesty and openness. Investigations were carried out in a transparent manner, procedures were followed properly, including if necessary, apologising when things had gone wrong.

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

- The registered manager ensured regular engagement with people and relatives was promoted. Quarterly surveys were carried out to gather views and results were very positive. The overall satisfaction rate had increased from the previous surveys. The registered manager implemented a 'You said', 'We did' noticeboard to highlight the changes made following people's suggestions.
- Staff facilitated resident meetings. A consultation meeting was held recently to gather ideas from people about the redecoration. One person told us, "Resident meetings take place every month and we can express our views there. (Staff) do act on them and things do get done. We recently raised the issue of recycling and it is now in place."
- Team meetings were held with staff. These were an opportunity for them to raise issues and share ideas.
- The provider cascaded important information, good news stories, campaigns and incentives through a regular newsletter for people and staff briefings.

Continuous learning and improving care

- Being a not-for-profit organisation, the provider could plough back any profit made into the service. Linskill Park had benefited from increased on-site care management support and care staff were afforded the time to socialise with people in communal areas outside of commissioned care packages.
- The registered manager was piloting an 'independence tracker' at Linskill Park. They hoped the provider would agree to a formal pilot in the North East to enable a better study of measuring the effectiveness of an 'extra-care' model. The aim was to track improvements to independence, peaks, stability and decline in people's health and frailty. They told us, the recognised benefits of this tool could include reduced care packages which would have a financial benefit to those who commission services.
- The registered manager had implemented a system to monitor cleanliness with a visual scoring chart in the staff room. They told us, "This has been set up to drive up quality standards and help us monitor performance" and, "We have found that displaying the score has created a friendly, positive competitiveness within the team."
- During the inspection, we highlighted a discrepancy in the provider's medicine policy. After the inspection, following discussions with the registered manager and a provider representative, they told us the policy would be changed to reflect current best practice guidance.

Working in partnership with others

- The service worked successfully in partnership with the local authority. The arrangement of a designated social worker worked very well for people and enabled the staff to provide more joined up care. The registered manager told us, "Having the dedicated social worker is a real element of best practice. We don't need to liaise with multiple social workers for multiple residents."
- The registered manager and staff had strengthened their links with various local services to give people who lived at Linskill Park plenty of opportunities to be involved with community activities.