

Housing 21

Housing 21 – Stanbridge House

Inspection report

Ruskin Road
Banbury
Oxfordshire
OX16 9FZ

Tel: 03701924000
Website: www.housing21.co.uk

Date of inspection visit:
27 January 2020
28 January 2020

Date of publication:
12 February 2020

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 - Stanbridge House is an extra care housing scheme. The scheme comprises of ten one-bedroom flats and sixty two-bedroom flats. People had a range of needs including older people and people with a physical disability. They received support with their personal care, support with medicines, food shopping and cleaning. People could also be visited by care workers from other external providers. At the time of the inspection 25 people were receiving support with personal care.

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 were happy with the support they received. They could contribute to the type of support they received and were a part of the development of their support plans. Information in people's support plans was informative and person centred, giving staff details on how the person wanted to be supported. People using the service were supported to access activities in the service and go into the community to reduce the risk of social isolation.

People felt safe living at the service and were supported by staff who knew how to protect them from harm and abuse. The provider had a complaints process in place and people told us they knew what to do if they wished to raise any concerns. Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to eat a healthy diet and to access health care professionals when required.

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.

Staff were positive about working in the service and confirmed they received ongoing support and training. The service had a clear management and staffing structure in place. Staff worked well as a team and understood people's needs. The provider had quality assurance systems in place to monitor the quality and safety of the service.

The provider had processes in place for the recording and investigation of incidents and accidents.

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 10 July 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 – Stanbridge 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 undertaken by one inspector.

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, through a shared ownership scheme 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

This inspection was announced. We gave the service two working days notice of the inspection. This was because we needed to be sure that the registered 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. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people about their experience of the care provided. We spoke with four members of staff including, the registered manager, assistant care managers and two care workers. We reviewed a range of records. This included two people's care records and their medicine records. We looked at two staff files in relation to recruitment and staff 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. We looked at training data and quality assurance records. We received feedback on the service via email from three health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Whilst risks had been recorded onto risk assessments, some risks had not been completed on the provider's generic risk assessment documentation. However, it was clear in people's support plans what risks they faced, such as risk of choking or assisted moving and this detailed how staff needed to support people safely.
- The registered manager and assistant care manager completed additional risk assessments during the inspection. Shortly after the inspection, they confirmed reviews of every person's risk assessments had taken place.
- Guidance for staff, via external health care professionals, on how to reduce possible risks when providing care were in place.
- To ensure equipment was fit for purpose and safe, records were kept of any equipment used to support the person along with when they were serviced.
- Personal emergency evacuation plans (PEEPs) had been developed for each person. These plans identified if each person required assistance and/or equipment to leave the building safely.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe receiving support from staff. One person commented, "I feel safe living here, staff here 24/7 and management are always here."
- People were supported by staff that knew how to raise concerns relating to harm or abuse. Staff confirmed they received safeguarding training. Staff knew how to make referrals direct to the local authority safeguarding team and the Care Quality Commission (CQC) if they needed to.
- There was information available for people and staff to know who to report safeguarding concerns to.

Staffing and recruitment

- People told us they felt there were enough staff on duty and they did not have to wait for support.
- Staffing levels were determined by people's needs and so there were more care workers working in the morning, which was the busy time, than in the afternoon. One staff member told us there could be more staff working in the afternoon. We fed this back to the registered manager who confirmed care staff did start at different times in the afternoon depending on when there were planned visits to people's flats. People confirmed they did not have to wait for support and we saw there were several staff working in the office if care staff needed help. Therefore, we did not find evidence of a lack of staff working in the service.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- The provider had processes to ensure medicines were managed and administered in a safe way and as prescribed. Risk assessments had been completed for each person who received support with their medicines. There were protocols in place for the 'as required' medicines, so that staff knew why people had been prescribed this type of medicine and when people needed these to be given to them.
- Staff received medicines training and were observed carrying out medicine tasks to ensure they were confident and competent.
- Systems were in place to check weekly that medicine records were correctly completed.

Preventing and controlling infection

- Staff had completed training on infection control as part of their induction and completed refresher training on this subject.
- Staff were provided with personal protective equipment (PPE) to use which included aprons and gloves.

Learning lessons when things go wrong

- The provider had a process for recording and investigating any incidents and accidents that may occur. A form was completed identifying the type of incident, for example a medicines administration/recording error. We saw details of the outcomes of any investigations and the actions taken to reduce errors happening again.

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 care and support needs were assessed before they moved into a flat. This was to ensure their care needs could be met by the staff team. People were also encouraged to visit the extra care scheme with their relatives/representatives, so they could see for themselves what living in one of the flats and receiving care would be like.
- People confirmed they were involved in the assessment process and deciding the level of support they needed. Information was obtained from the local authority and any external professionals involved in the person's life. The assessments and meeting with the person and their relatives contributed to the development of the person's support plan.
- People told us they were part of contributing and reviewing their support plans once they had settled into living in their flats.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that received ongoing training relevant to their roles.
- Staff told us they were happy with the training that was offered to them, this included training in awareness of mental health, learning disability, dementia, equality, diversity and inclusion. One staff member said, "For me training is fine."
- Staff were happy with the level of support they received, either through one to one supervision meetings, staff meetings and being observed in their practice. A staff member said, "Any issues I can ask for an extra supervision session."
- New staff completed an induction and shadowed experienced staff before working alone. They received regular one to one support to ensure they were confident in their role and could seek advice and guidance on an ongoing basis.

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

- People's support plans included information on how care staff could support them with making and eating food and drinks. Information and guidance was available if the person had any specific requirement in relation to their diet, for example requiring their food to be soft.
- There was no-one at risk of dehydration or malnutrition. However, staff recorded the meals people ate and the drinks given to them to ensure records reflected the support people had received.
- There was a restaurant on site for people and visitors to access. One person told us they enjoyed going to the restaurant and said it had, "Marvellous meals."

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 access healthcare professionals and people we spoke with confirmed care staff helped them make appointments, and on occasions staff supported people to attend them.
- People's support plans included information about their medical history and which health care professionals were involved in their care.
- We saw staff respond quickly when people's needs changed and external health care professionals were contacted and visited the person to assess the next course of action.

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.

- People's rights to make their own decisions were respected and people were in control of the support they received.
- Where people struggled to consent to the support they needed the registered manager or assistant care managers completed an MCA assessment highlighting where the person might not be able to agree to care.
- Staff had a good understanding the principles of the MCA. They gave examples of how they supported people daily and encouraged people to make decisions about their lives. Staff confirmed they gave choices to people about what they did, what they wore and the food they ate.

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 we spoke with told us they were happy with the care provided. Their comments included, "I can ask for help as and when I need it. Staff are lovely here."
- Staff spoke fondly about people and were motivated to offer a compassionate and caring service. One staff member told us they hope they made a difference to a person's day.
- The service had an equality, diversity and human rights approach to supporting people using the service and staff. Literature was around the service promoting well-being for staff as well as informing people of their rights to receive good quality care.

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

- There were various ways people were involved in their care. This included meeting the registered manager and senior staff team at the start of the person deciding to live in one of the flats, through to regular daily contact with the staff team. Reviews were held regularly to ensure people's views were captured and their current needs recorded.
- We saw a written positive comment from a relative about the support the person received. They had noted, "[Person using the service] needs to know that she is involved and can influence and control her life and this is where the [care] package is showing signs of taking her."
- Staff were clear their role was to help people do as much as they could for themselves. One staff member said, "it was important for people to feel in control of their life."

Respecting and promoting people's privacy, dignity and independence

- The culture of the service was to offer a quality consistent service to people and staff were aware of the importance of respecting people's privacy and dignity. One person confirmed that staff were, "Caring and considerate and they can easily talk with them." In the compliments records we saw a relative had recorded, "Care is always delivered with dignity and respect."
- Staff were consistent in telling us how they supported people. Comments included, "The care offered here is person centred" and "We always offer choices to people."
- To combat loneliness and engage with other people there was a communal lounge where people could chat, look out into the garden, watch television and make a drink. We saw a couple of people using this space during the inspection.

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's support plans identified how they wanted their care provided. This information included how the person wanted their personal care carried out, if medicines were to be administered and if the person needed help with making and/or eating meals.
- People's likes, and dislikes were well known to the staff team and were highlighted in people's care plans. Individual details such as, "I like to wear aftershave. Please ensure I have my watch on which I wear on the left wrist" were included within support plans.
- Daily records were kept for staff to record each visit. This included information about the support offered and provided to the person along with any important details for the next staff member to see.

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's communication needs were recognised and recorded. During the inspection it was identified that the provider had updated documentation relating to recording people's communication needs. Therefore, shortly after the inspection the registered manager confirmed the new format was now in place in all people's support plans.
- Staff recognised people communicated in different ways. One person used a computer to communicate with staff and we spoke with the person and saw how they used this. Staff described how another person used picture cards to communicate how they were and what they wanted. One staff member said they also conversed with the person in writing to ensure communication was clear and understood by both parties.
- The registered manager explained information could be provided for people in different languages, large print, braille and as an audio version to meet people's communication needs.

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 explained there were activities on offer for them alongside going out into the community alone or with relatives and friends.
- On one of the inspection days there was a singing group taking place. Other groups held included, a Parkinson's Disease group and seated yoga. One person showed me the communal lounge and said they liked to watch DVD's in the room especially when other people joined them.
- Support plans recorded people's interests. In one person's support plan it was clear that they became

bored if they were not engaged daily in meaningful activities such as such going to the shops. When asked, the person confirmed they went out a lot which they enjoyed.

Improving care quality in response to complaints or concerns

- People are given the provider's complaints policy and procedures when they move into their flats. Records showed that complaints were responded to quickly to resolve any issues people had with the service being provided to them.
- People were confident that any complaints would be listened to and acted on. People gave us some examples where they had made a complaint and told us these had been dealt with appropriately. Comments included, "if I was unhappy I would talk with staff" and "I would go to the management team for them to deal with any complaints."

End of life care and support

- The registered manager confirmed there was no-one currently receiving end of life care. If a person was identified as requiring support with end of life care their support plan would be reviewed. The staff would then work alongside the person, their relatives and relevant professionals. For example, with the palliative care team, district nurses and the person's GP to ensure the person's wishes were identified and their care needs were met.
- The registered manager and one of the assistant care managers were due to start a year long accredited training course on end of life. The aim would be to learn about best practice and share knowledge and information on this subject with the staff team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were happy with the support they received and those asked felt the registered manager and senior staff were approachable if they had any queries. One person said the management team were "Caring and considerate and I can easily talk with them."
- The service kept people up to date with news via a newsletter. This included important information about the service and results of the satisfaction surveys.
- Meetings were held for people to give their views on the service and learn about anything new at the service. One person told us, "Meetings are held and I attend as they are useful."
- Staff were happy with the support they received and the communication between the management team and themselves. Staff confirmed they could complete a staff survey and one staff member said, "I feel I contribute my views."

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

- The registered manager worked alongside three assistant care managers and the housing staff team. Each had different roles and responsibilities and worked well together as a team. Assistance care managers worked alongside the care staff, so they could see people, identify if there were any issues and observe care practices.
- The provider had a range of quality assurance checks in place to monitor the care provided. This included checks on support plans, the support staff received and medicine records. In addition, the registered manager's line manager carried out a three- monthly check on various aspects of the service to ensure the care and quality of the service was running well. Any recommendations made were developed into an action plan for the registered manager to address.

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

- Satisfaction surveys were given to people, so their views could be considered when assessing the quality of the service.
- Once a year people could meet with the provider's chief executive officer (CEO) to hear about the work the provider was carrying out and to share their views on the service. There were no concerns needing to be addressed following this meeting.
- Staff meetings were held for staff to hear news about the service, discuss any issues and talk through any

new guidance. For example, the findings from the 2019 Care Quality Commission oral hygiene report.

Continuous learning and improving care

- The registered manager attended meetings with other providers and managers within the county and with managers working for the provider. This enabled them to keep up to date with guidance and best practice.
- The registered manager confirmed that within the next twelve months a new electronic system was being introduced. This would include staff recording on a portable device the support they had provided on a visit and the time they started and ended the visit. This was being introduced across the provider's services to improve care and monitor the support being offered.
- Staff had training opportunities to aid their personal development or to provide support to people with specific conditions.

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

- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, giving truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
- The registered manager was clear that the culture of the service was to have an open-door policy where people, visitors and staff could come to the office to talk with them. We saw people and staff do this freely throughout the inspection days.

Working in partnership with others

- The registered manager and staff team worked well with a range of professionals. One professional working for the local authority told us, "They [staff] are very proactive in helping residents that I am involved with and I am happy to say that all my experiences with [registered manager] and her team have been professional and efficient on all occasions." They also confirmed staff went the extra mile in settling in new people to their flats.
- The registered manager and the staff team worked alongside professionals to ensure there was good communication passed between themselves. One social care professional commented, "I find the staff at Stanbridge to be helpful and responsive to any requests made. They make themselves available for meetings and consultations."