

## Housing 21

# Housing 21 - Alice Bye Court

### Inspection report

Alice Bye Court  
Bluecoats  
Thatcham  
Berkshire  
RG18 4AE

Date of inspection visit:  
11 January 2022

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Website: [www.housing21.org.uk](http://www.housing21.org.uk)

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Housing 21 Alice Bye Court is a service which provides support to people living in specialist 'extra care' housing. People using the service lived in flats situated within one large building. At the time of this inspection 20 people were receiving personal care. Not everyone using the service receives 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. Whilst the service does not provide care and support to everyone living at Housing 21 Alice Bye Court, staff respond to all the residents if they activate their personal pendant alarms seeking assistance.

### People's experience of using this service and what we found

The safe management of people's prescribed medicines had significantly improved, particularly in relation to their high-risk and night- time medicines, which made people feel safe. The provider needed time to demonstrate the required improvements made had become embedded and sustained.

People experienced safe care, protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report different types of abuse. Staff assessed risks to people, which were managed safely. Enough staff with the right mix of skills and knowledge, delivered care and support to meet people's needs, in line with their risk assessments and support plans. Staff underwent a robust recruitment process which explored gaps in their employment history and conduct in previous care roles, to assure their suitability to support people living in their own homes. Staff demonstrated high standards of hygiene and cleanliness whilst delivering care and 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.

The management team led by example and promoted a person-centred culture where people and staff felt valued. The registered manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. The registered manager effectively operated the provider's governance framework to ensure robust monitoring of care quality, safety and the experience of people within the service. Quality assurance was embedded within the culture and running of the service, to drive continuous improvement. Staff collaborated closely with community professionals to ensure people received appropriate care and treatment to meet their changing needs. Staff supported people to make choices and worked effectively with other partners, to ensure specialist or adaptive equipment was made available to enable improved care and support.

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 5 March 2021) and there were 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.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

### Why we inspected

We carried out an announced inspection of this service on 27 January 2021. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment (Regulation 12) and good governance (Regulation 17).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. 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 Alice Bye Court 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 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?

**Requires Improvement** ●

The service was not always 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 - Alice Bye Court

## **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

This inspection was carried out by one inspector.

### Service and service type

Housing 21 Alice Bye Court provides care and support to people living in their own homes 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 provided by the 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 48 hours' notice of the inspection visit. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 January 2022 and ended on 21 January 2022. We visited the location office at Housing 21 Alice Bye Court on 11 January 2022.

### 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 (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 sought feedback from the local authority, safeguarding team and other health and social care professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We asked the registered manager to prepare some documents in advance of visiting the service's office. We used this information to plan our inspection.

#### During the inspection

We spoke with three people and one relative about their experience of care and support provided by the service. We spoke with the registered manager and five care staff. We reviewed a range of records, including five people's care records and medicines administration records and four 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 also reviewed.

#### After the inspection

We spoke with two other people who used the service and the relatives of four other people. We spoke with the newly appointed assistant care manager and three other staff members. We continued to seek clarification from the provider to validate evidence found and spoke with three community health and social care professionals who engage with the service. We requested and received further records, quality assurance documents, and were provided with a variety of additional evidence for consideration.



# 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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. The unsafe management of medicines meant people were exposed to the potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Records demonstrated that the high level of medicine errors occurring immediately prior to our last inspection had significantly reduced. However, some medicine errors had still occurred. The provider needed time to demonstrate that continued improvements had become embedded and the further reduction of errors continued and was sustained.

- People received their prescribed medicines safely from staff who had completed the required training and had their competency to do so checked every six months by supervisors. The management team completed regular observations to ensure staff managed medicines in accordance with their training, current guidance and regulations.
- People and relatives consistently told us staff management of their prescribed medicines had significantly improved, particularly in relation to their high-risk and night- time medicines, which made them feel safe.
- Staff were enabled with clear guidance about how to manage people's medicines safely. People received their pain relief medicines when they needed them and in accordance with their PRN 'as required medicines' protocols.
- People were treated with dignity and respect when supported with their prescribed medicines. People told us that staff now listened to their wishes about how they wished their prescribed medicines to be administered. For example, when they applied topical creams.
- Staff communication had improved to ensure timely and appropriate action was taken to protect people from the risk of running out of their prescribed medicines, necessitating urgent prescriptions being obtained.
- Staff were able to demonstrate they understood the action to take if a mistake happened, to ensure any potential harm to a person and any future recurrence was minimised.
- On 7 December 2020, shortly before our last inspection, the provider had implemented new safe management of medicines policies and procedures. At our last inspection staff were not consistently administering prescribed medicines in accordance with the provider's policies and procedures. At this

inspection staff were managing people's prescribed medicines in accordance with the provider's policies and procedures.

- Staff told us the registered manager and medicine's champion had invested extra time to ensure staff fully understood and embraced the provider's new processes. Staff consistently reported that all staff were now invested in the provider's new system, were following the same procedures and could see real improvement.
- The registered manager completed analysis of all medicine errors, which demonstrated that the new procedures identified errors more effectively, enabling swift action to be taken to protect people from harm.
- Staff told us that the allocation of people's visits had improved since our last inspection, to ensure the time required between people's medicines administrations was taken into consideration. This meant that staff did not have to return outside their scheduled visits to administer people's medicines.

#### Assessing risk, safety monitoring and management

- People's needs and risk assessments were reviewed regularly in response to people's changing needs, to ensure they were met safely.
- At our last inspection where accident and incident forms identified potential increased risks to people, these risk assessments had not always been fully reviewed. At this inspection we reviewed records and audits which demonstrated that people's care plans and risk assessments were reviewed after each accident and incident.
- People experienced safe care from staff they trusted, who were aware of people's individual risks. The management team ensured people's care plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and developing pressure area breakdown.
- Some staff raised concerns that one person required two staff members to mobilise safely with the use of a ceiling hoist, contrary to the person's moving and positioning assessment. The registered manager had engaged with the relevant occupational therapist and concurred with their assessment but undertook to arrange a further assessment and staff training if required.
- Staff actively promoted people's independence, whilst ensuring they were safe. Staff worked closely with people and their families to understand how to manage their risks safely, in the least restrictive way.
- People and relatives told us the registered manager had fully involved them in the needs and risk assessment process.
- Staff were knowledgeable about people and could explain how they supported people to minimise risks to their health and wellbeing.
- People had their needs assessed and their preferences and choices met by staff with the right qualifications, skills, knowledge and experience.

#### Staffing and recruitment

- Most people and relatives told us they experienced good consistency and continuity of care from regular staff who were familiar with them and understood their needs. People experienced timely visits from staff who delivered people's commissioned care to meet their needs in line with their support plans.
- However, people had identified an increased use of agency staff recently, particularly on the weekends. One person told us, "I feel safe here. The regular carers [staff] are marvellous and I look forward to seeing them, but I understand we live in difficult times and can't always get the one's [staff] you prefer." Another relative told us, "The agency staff are okay they just don't know [relative]."
- The registered manager completed regular staffing needs analysis based on the dependency of people and hours of care commissioned. At the time of inspection rotas demonstrated the service deployed enough staff, with the right mix of skills, to support people safely, in accordance with their support plans. However, at the time of inspection, the service was more reliant on agency staff, due to staff absence and annual



leave. The registered manager was able to demonstrate the level of agency staff required would reduce the following week when staff returned to 10 per cent of the required hours.

- Since our last inspection the whole management team of the service had changed, including the registered manager and four assistant care managers. Without exception, staff told us morale and teamwork had improved significantly since the appointment of the registered manager. This meant that staff willingly covered staff shortfalls on overtime.
- Staff told us they often had to work additional shifts to cover shortages, although this did not impact on the safety of care experienced by people. We were assured by the registered manager that staff wellbeing was carefully monitored to ensure they did not work excessive hours.
- The registered manager explained how the recruitment of new staff will relieve the necessity to rely on the willingness of staff to work extra hours or the use of agency staff. For example, the imminent appointment of a second assistant care manager will ensure management cover during all weekends and on both early and late shifts.
- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to support people living in their own homes. These checks included prospective staff's conduct in previous care roles, gaps in their employment histories and their right to work in the UK.
- Staff had completed an induction process and did not work unsupervised until they were confident and assessed to be competent to do so by the management team. Schedules demonstrated that staff training was up to date.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people experienced safe care and treatment from staff they trusted. One person told us, "The carers [staff] couldn't be any better. They look after me like one of their own and always cheer me up. I really look forward to them coming."
- The registered manager operated systems and procedures to protect people from the risk of poor care. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and knew how to report any concerns, both internally and externally. For example, staff told us, "If I was worried a resident was being abused I would tell the manager and if they didn't do anything I would tell you [CQC] or safeguarding at the council."
- The provider managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The registered manager completed thorough investigations in response to any allegation of abuse, to keep people safe from harm.

#### Learning lessons when things go wrong

- Staff told us the management response to any concerns they raised had improved. Staff were now confident that if they raised issues about people's changing needs these would be promptly addressed by registered manager to achieve successful outcomes for people.
- Staff told us they had no concerns reporting incidents and near misses that took place and these were treated as a learning opportunity in order to improve people's care.
- Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff had received feedback about incidents and events in handovers and were kept up to date with information relevant to their role, such as changes in people's support plans.
- The management team analysed daily records to enable action to be taken to reduce the risk of similar incidents or accidents in future.

#### Preventing and controlling infection

- Staff adhered to the provider's infection control policy and procedures and told us the provider and the registered manager had ensured there were ample supplies of personal protective equipment (PPE).
- People and relatives were reassured by staff, who used PPE in line with government guidance.
- People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support.
- Staff had completed relevant training in relation to infection control and consistently followed good food safety and hygiene practice when preparing or handling food.

# 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

At our last inspection the provider had failed to consistently assess, monitor and improve the quality of the service and to effectively operate systems and processes to ensure compliance with the regulations. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the appointment of the registered manager in June 2021, the service had consistently assessed and monitored the quality of the service to ensure compliance with regulations.
- The registered manager and assistant care manager were effectively operating the provider's systems and processes to identify deficiencies in service delivery and drive improvements.
- Where audits identified required improvements, the registered manager and assistant manager developed plans detailing action required by whom and when. Records demonstrated progress in relation to these actions and when they had been successfully completed. The extra care manager [area manager] completed weekly quality assurance visits and audits, which reflected the CQC standards and regulations.
- The management team monitored the welfare of people to mitigate identified risks relating to their health and safety.
- The quality assurance framework within the service now ensured that staff responsibilities were clearly defined and understood. Staff told us that they understood their roles and responsibilities and were confident the current management team had the skills and experience needed to lead effectively.
- Staff were now confident that when they raised concerns the registered manager would take action to address them and provide an update regarding the outcome. One staff member told us, "[Registered manager] is very approachable and listens to us. When you tell her something's not right, she does something about it."
- There was a strong sense of leadership from the registered manager and assistant care manager, which set the standards for staff. The management team were highly visible and had clear oversight of the safety and quality of care delivered within the home.

- The management team often worked alongside staff and monitored the quality of their care in practice.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- People experienced personalised care from a stable staff team who knew them well and were committed to delivering high quality care, which was individual to them. The registered manager and staff were focused on ensuring people came first and experienced good outcomes.
- At our last inspection the provider had not promoted a person-centred, inclusive service which empowered staff to deliver good outcomes for people. Staff overwhelmingly told us they did not feel valued by the management team.
- At this inspection staff praised the registered manager and assistant care manager, whom they described as being readily available and willing to listen.
- Staff told us they felt respected and well supported by the registered manager and the atmosphere within the service and team spirit had significantly improved since the last inspection.
- Staff now had more confidence that when issues were raised, they would be addressed. The management team were now more visible, and staff knew who their direct line managers were.
- After the last inspection the extra care manager spoke with each member of staff individually to explore their feelings about what improvements were required. Staff told us this made them feel they were being listened to, and that their involvement in the development of the service was valued.
- Staff told us they received constructive feedback when things had gone wrong and felt the management team assumed responsibility. Staff consistently told us they were actively encouraged by the management team to be involved in considering and proposing new ways of working, including ways of putting values into practice.

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's policy identified the actions the registered manager and staff must take, in situations where the duty of candour applied. The registered manager assumed full responsibility when concerns had been raised or mistakes had been made.
- The registered manager understood their responsibilities to inform people, or their representative, when things went wrong, and the importance of conducting honest and transparent investigations to identify essential lessons to prevent further occurrences.
- Where concerns had been raised or accidents and incidents had occurred, the management team had completed thorough investigations and spoke directly to people to explain the circumstances, action they had taken and apologised.
- The management team took an open and honest approach to work with people and their families.
- Most people and relatives praised the management team for improving communication and being open and honest whenever they had raised concerns. However, one relative was disappointed by the provider's response when they raised concerns about the quality of support provided by a member of agency staff. We informed the registered manager who undertook to investigate the circumstances fully and arrange to meet the relative to explore their feelings and how the matter should have been dealt with from their perspective.

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

- Staff consistently told us they felt empowered and were working together with the management team for the benefit of the people living at Housing 21 Alice Bye Court. For example, staff said the registered manager was always approachable and responsive to new ideas. One member of staff told us, "We now feel we are all working together to provide the best care we can, and our ideas and thoughts are encouraged."
- Staff were enthusiastic about their role in supporting people and spoke positively about the service, the registered manager, assistant care manager and colleagues. The registered manager recognised and praised good work by individuals in supervisions and team meetings.
- People's views were sought through their regular reviews and meaningful interactions with the staff team.
- Annual quality assurance reviews sent to people, relatives and professionals produced positive feedback.

#### Continuous learning and improving care

- Community professionals told us the registered manager was open to their guidance and welcomed constructive advice.
- The registered manager nurtured improving relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service further.
- There was now an emphasis at the service on improving staff skills and knowledge. The registered manager and assistant manager spoke positively about the support and encouragement they received from the extra care manager in relation to their continued professional development.

#### Working in partnership with others

- The service had developed partnerships with healthcare professionals, which ensured people had access to the right support at the right time to achieve good outcomes for people. For example, the registered manager had worked effectively with health care professionals and commissioners to have a ceiling track hoist installed to assist moving and transferring a person more safely.
- The local authority reported that the registered manager engaged with them effectively, seeking clarity and support when required.