Housing & Care 21

Housing & Care 21 - Sunnyfield Court

Inspection report

109 Blackmore Street
Derby
Derbyshire
DE23 8BL

Tel: 03701924025
Website: www.housingandcare21.co.uk

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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

This inspection took place on 7 and 8 November 2018 and was announced. We gave the registered provider 24 hours' notice as it was an extra care service and we wanted to make sure people would be in.

This is the first time the service has been inspected since it was registered on 18 August 2017.

Sunnyside Court 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. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Sunnyside Court has 70, two-bedroom apartments within the extra housing scheme and at the time of the inspection there were 37 people receiving care and support from Housing and Care 21. Not everyone residing at Sunnyside Court receives personal care provided by Housing and Care 21 as some people receive personal care from a different provider.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who were supported by the service felt safe. Incidents involving people's medicine had been recorded and action had been taken to reduce the risk for further errors. Staff had a clear understanding on how to safeguard people and protect their health and well-being. Potential risks to people were assessed and people's views about their care were considered. Potential risks were reduced and people's decisions of understanding and accepting risk were considered to ensure their independence and choices were respected.

People's needs were assessed and met by staff who had undergone a robust recruitment process and who had the appropriate skills and knowledge. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's nutritional needs were met where they required support and staff liaised with a range of health care professionals for the benefit of those using the service.

People using the service and family members spoke of the positive relationships they had developed with staff. People's dignity and privacy was promoted and people were aware of their right to confidentiality. People's communication needs were considered when developing care plans, which included information as to how people communicated. This information was used by staff to ensure people could and were encouraged to express their views.

People's care plans were developed and regularly reviewed with the person to ensure they included information as to how they wished their care to be delivered, to maintain their independence. The policies and systems in the service supported this practice.

People and relatives knew how to make a complaint or raise concerns and felt comfortable in doing so. Some people confirmed they had no complaints about the care they received and they were happy with everything. Other people told us they had complained previously and a majority of people said that the registered manager dealt with and resolved their complaints satisfactorily.

The provider's managerial structure meant there was strong, clear and visible leadership. There were robust systems to measure the quality of the service, both from senior management of Housing and Care 21 and internally, with audits being carried out by the registered manager and the management team.

The provider had attained external accreditation by being awarded the Gold Standard Investors in People Award. People within the local authority who commissioned the care of behalf of people, were positive about the working relationship they had with the registered manager.

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.

People were safeguarded from abuse as systems and processes were in place, which were understood and adhered too by all staff. A system of staff recruitment was in place to ensure people were supported by suitable staff.

People's safety was monitored, with risk assessments and care plans providing clear information for staff as to how people's safety was to be promoted.

People's needs with regards to their medicine were identified within their care plans. The policy for the administration of medicine had been reviewed following an internal audit that had identified errors in the recording of administered medicine.

Is the service effective?

Good

The service was effective.

People's needs were met by staff that had the necessary skills and knowledge to provide the appropriate care and support required to maintain and promote their independence.

Staff spoke positively about the support they received from the registered manager. Staff were supervised and had their competence to provide care regularly assessed.

People's health was considered and staff liaised with health care professionals as and when required.

People received support from staff to meet their dietary requirements, reflective of their individual needs and the level of support required.

The principles of the Mental Capacity Act 2005 were understood and implemented and people were supported to make decisions about their care and support.

Is the service caring?

Good

The service was caring.

Positive and caring relationships between people using the service and staff had developed, which had a positive impact on people's well-being. People and family members confirmed.

People's privacy and dignity was maintained and people were aware of their rights, which included their right to confidentiality.

Is the service responsive?

Good

The service was responsive.

People and family members contributed to the development of care plans. Care plans were fully understood and followed by staff and included information as to people's preferences, how they communicated and how their care was to be provided.

People and family members were confident to raise concerns. Records showed concerns and complaints were investigated and the outcome communicated to the complainant.

Is the service well-led?

Good

The service was well-led.

The managerial structure of the provider meant robust systems to monitor the quality of the service were a shared responsibility and used to drive improvement.

The managerial structure provided staff with strong leadership and support, through ongoing supervision and regular and effective communication.

Opportunities to comment upon and share views about the service were available. The provider was committed to openness and transparency and the sharing of information.

Housing & Care 21 - Sunnyfield Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-build 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.

This inspection took place on 7 and 8 November 2018 and was announced. We gave the registered provider 24 hours' notice as it was an extra care service and we wanted to make sure people would be in.

The inspection was carried out by two inspectors.

We looked at the providers Statement of Purpose. This is a document providing information as to the aims and objectives of the service, the support and services it provides and to who.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also contacted the Local Authority for any information they held on the service. We used this information to help us plan this inspection.

We used information the provider sent us in the Provider Information Return. 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 spoke with four people and two family members.

We spoke with the registered manager, assistant care manager and five members of care staff.

We looked at the care plans and records of three people. We looked at records for three staff, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings and records related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

Staff understood the importance of their role in protecting people from poor care and abuse. A person told us, "They (staff) have told me to ring the office if I was unhappy about the way I was looked after or if anyone was unkind to me". A member of staff said, "I've had no safeguarding concerns about people since I've worked here. If I did I'd make sure first of all that the person was safe and not in immediate danger and then raise my concerns with my manager". Another member of staff told us, "We're not just limited to reporting in the service. We can go straight to the local authority, CQC (Care Quality Commission) or the police if necessary. We also have whistle blowing arrangements too which we can use".

Staff confirmed that they received training and regular updates on safeguarding. Posters were displayed in the staff room detailing the different categories of abuse and how people might present if they had been mistreated.

The registered manager responded appropriately when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. Notifications were submitted to the CQC about potential abuse and safeguarding referrals made to the local authority. Information provided by local authority confirmed the registered manager was responsive to reporting potential safeguarding concerns.

Staff stated they were mindful of people's safety when they provided care and support. One member of staff told us, "If we feel that people's needs have changed and they need more support to protect their safety we communicate that to the manager and each other". We saw a member of staff noticed immediately when a person started walking without their mobility aid. The member of staff followed the person with their frame and reminded them of the importance of walking with it to prevent them from falling. We saw in a person's flat that a notice had been placed inside their front door reminding them if they were going beyond that point they should call for support to ensure their safety. One person said, "I was falling a lot before moving here and my family couldn't pick me up. The doctor at the hospital said I'd be better off being looked after. When I've fallen here the staff have come straightaway to help me. It makes me feel that I'm safer".

People's care plans included risk assessments and where risks were identified then management plans were put in place to manage the risks. People's risk assessments had an emphasis on the promotion of people's safety whilst recognising the balance in promoting people's independence and choices. For example, supporting people to prepare and cook meals, with support and guidance from staff.

Risk assessments included risks associated with: mobility, medicines, bathing, nutrition and environment. For example, one person's care plan identified they required the support of two members of staff and equipment to move and re-position them safely. There was a risk management plan in place to guide staff on how to minimise the risk.

Staff explained how they would support people who demonstrated behaviours which maybe challenging. Staff explained how some people could become resistive to personal care and how they would try to overcome this. One member of staff said, "It's important to remember that people can get frustrated and

confused. If they aren't happy to have care we usually leave them for a while and then go back and try a little later". All of the staff we spoke with confirmed that this approach was usually successful although they stated there was no behaviour management plan in place to offer them guidance.

People and staff confirmed they were aware of the actions they should take if a fire occurred. One person said, "Unless a fire starts in my flat I have to stay in my flat if I hear the alarm". A member of staff told us, "The fire alarm is tested regularly. People should stay in their flats if they hear the alarm as they all have fire doors. The staff are responsible for evacuating the communal areas".

People's records confirmed that the service's fire evacuation plan had been discussed with them. Records showed people had Personal Emergency Evacuation Plans (PEEP) in place, these provided clear information as to the level of support each person would require, should they need to evacuate the building in an emergency. The PEEP's were stored centrally and were easily accessible in the case of an emergency.

The extra care housing complex of Housing and Care 21, at an additional cost to people, provided 24-hour emergency support, referred to as the 'piece of mind 24-hour service'. People using the service were able to request assistance in an emergency, via their pendant or a call-bell cord within their flat. To support this service over a 24-hour period, two members of staff were on site overnight. Staff confirmed that they were provided with phones which enabled them to stay in touch with each other and call for help from colleagues if they need additional support with a call.

People we spoke with expressed concern for the workload of the carers but agreed that their own care was not compromised. One person said, "They are sometimes late arriving for my call but they do let me know. You know though and can be confident that if you press your buzzer they will come straightaway". Staff told us they worked flexibly together to ensure people received the support they were assessed for. One member of staff said, "If we're short of staff we don't cut calls short, we just juggle. The care managers will always come out of the office and help out particularly if we're running late because of an emergency".

The registered manager spoke of a computer package that calculated the staffing hours required to meet the needs of people at Sunnyside Court. People's records provided information as to the frequency and times staff were required to meet people's needs. Daily notes reflecting people's care and support, which were completed by staff for each personal care interaction, showed the time of staff calls was consistent with the person's care schedule.

We looked at the recruitment records for some staff. We found that recruitment practices were thorough and included application forms, interviews, the requesting and receiving of two references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions by preventing unsuitable applicants from being employed to care or support vulnerable people using services.

Two members of staff confirmed that they had completed the recruitment process prior to commencing work. One member of staff told us, "I had an interview first and then had to complete a DBS and provide names of my past employers to contact for references. I also had to bring in evidence of my identity. All this was done before I could start working".

Information submitted by the registered manager in the Provider Information Return (PIR) referred to a number of medicine administration errors and a significant number of medicine recording errors. We spoke with the registered manager who advised us that their contract with Derby commissioners for personal care meant they were required to adhere to the medicine policy devised by local commissioners. The registered

manager stated, this required them to notify the local authority of all errors relating to medicine.

The registered manager told us they undertook audits on medicine errors to identify any common themes or trends. In response to their findings, they had reviewed the procedure for the administration of medicine to reduce the potential for error. Minutes of staff meetings referred to discussions held with staff as to the importance of accurate recording of medicine administration. We found all incidents involving medicine errors were investigated, which included where appropriate the staff's competency on managing medicine being re-assessed, additional staff training on safe medicine handling and in some instances the provider had taken action consistent with their staff disciplinary policy and procedure.

People confirmed that they had been asked if they wanted to be supported with their medicines or remain independent. One person said, "The girls [carers] do my medicines for me. They asked me if that's what I wanted. They give them to me when I want and need them, they don't forget". Another person told us, "I look after my own medicine but I know if it gets too much they will take over".

Staff explained that they received training in medicine administration and their competency to do so safely was assessed before they were able to work alone. If errors were made, staff knew that they would be picked up during audit and if necessary they would need to redo their training and competency checks. One member of staff explained, "The managers do spot checks on us regularly. Sometimes you don't even know they've watched you".

There was PPE (personal protective equipment) available for staff to use. One member of staff showed us where the supplies of gloves and aprons were stored and said, "I usually carry a box of gloves around with me". Two people confirmed that the carers washed their hands and wore gloves whilst they were providing personal care. One carer spoken with stated that aprons were not worn by carers unless they were fulfilling a 'cleaning' call. We shared this information with the registered manager, who advised us they would instigate 'spot checks' to ensure the appropriate PPE was being worn.

Good

Is the service effective?

Our findings

People confirmed that they had visited Sunnyfield Court before moving there. One person said, "I visited with a social worker and we sat down with the manager here to work out what help I needed". Another person said, "One of our relatives found this place for us. It's been a good move, we're very happy here".

The provider, as part of its contract with local commissioners for care, refer people to the service where the assessment carried out by them identifies that extra care housing could meet their needs. People, who were considering the services provided were encouraged to visit and meet with the registered manager to discuss how their personal care needs could be met within the complex.

Staff confirmed there was an induction process in place to support new staff. One member of staff said, "As well as training and learning about the policies we shadow experienced staff. The length of time you shadow depends on your past experience and how confident you feel. They do check with you to make sure you're happy to work on your own before you do so". There were arrangements in place to provide on-going support to staff on a one-to-one basis through supervision. A member of staff confirmed that supervision was a two-way process and said, "We can talk about anything. We're asked how we're getting on, if we need any support or if there's anything the service could do better".

Staff received training and support to fulfil their role. One member of staff told us, "We have both face to face and online training and they make sure we've understood what we've learnt. For instance, when we've done training on moving people we're observed to make sure we know what we're doing and do it properly". Another member of staff said, "We always ask people if they're happy with the care. We like people to be honest with us, it's the only way we learn".

A majority of training for staff is delivered at a training event in a classroom style setting and through e-learning. The registered manager kept a record of training and they were heard reminding staff to complete their training within the timescales required.

Where people required support to meet their dietary needs this was detailed in their care plans. People had the opportunity to eat in the on-site restaurant or remain in their own accommodation. One person said, "I always have breakfast and dinner in the restaurant. The food is very good, always two to three choices". We saw people eating in the restaurant were provided with a choice of food and told us the food was tasty and varied. People were able to sit with their friends and we heard them laughing and chatting together. At lunchtime the kitchen staff sat with people and chatted easily with them as they enjoyed their meal. Care staff, whilst walking through the restaurant stopped to speak with people and ask them if they were enjoying their meal.

Staff told us that some people preferred to remain in their room, where staff were responsible for the preparation of people's meals, care plans provided clear information for staff to follow. There was a strong emphasis on people being offered choice of what they wished to eat.

Most people's shopping was done for them by members of their family or friends. Some people's meals were planned for them by their families. Staff told us they always checked that the person was happy to eat what was on their plan or if they'd prefer to have something different. This was confirmed by a person we spoke with who said, "You don't always fancy what you've arranged and the carers always see if we'd rather have something different".

People were supported to access health professionals when needed. A nurse practitioner from a local doctor's surgery visits the complex each week to respond to people's health care concerns. Information relating to people's health, where the provider was involved in supporting their health, was provided with information as to any changes to enable staff to meet people's changing needs. People's care plans showed staff had liaised with GP, district nurses and out of hour's services. People told us they were supported to access on going health care. One person told us, "If I'm not very well they get the doctor for me straightaway".

We noted the registered manager and staff planning for people's discharge from hospital back to their own home, with discussions held amongst staff as to whether any changes were needed to support them with personal care. People's care plans recorded any changes, which included any changes to prescribed medicines as a result of their stay in hospital.

Where people's needs had changed and extra care housing was no longer appropriate, the staff at Sunnyside Court liaised with external services, including commissioners to support people in moving to ensure they receive the appropriate care and support.

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.

We checked whether the service was working within the principles of the MCA and found people's assessments of their needs, including risk assessments and care plans considered people's capacity to make informed decisions. Where people were found not to have capacity to make an informed decision then in consultation with people's family members or representatives, best interest decisions were made on their behalf. People's care plans provided information where family members or others had power of attorney for health and welfare; and property and financial matters.

Good

Is the service caring?

Our findings

Everyone we spoke with said the staff were kind and caring towards them. One person said, "The staff are very good, really kind. They were lovely to me when I lost a relative". A relative told us, "High five to the staff. I've given them some 'Heroes' chocolates because that's what they are. There's not a single member of staff here who I wouldn't trust to look after my relative".

We observed that staff interacted positively with people. People were greeted politely by staff as they walked around the complex. We heard staff asking people how they were and complimenting them on their hair style and/or clothing.

People's care plans provided information as to people's communication needs, for example if the person wore spectacles or a hearing aid. Where people had sight loss, clear information was provided in their care plan as to the importance of staff providing a clear narrative when exchanging information.

People's care plans provided personal information about their lives, including information as to family members, hobbies and interests. Discussions with staff showed they knew people and their family members well and that they had a good understanding of what was important to people on a day to day basis; and their role as staff in the provision of support and care.

A number of thank you cards had been sent to the staff from people using the service and family members expressing their satisfaction with the service. Comments written within these cards included; 'I would like to convey my thanks for the great care given to my [relative]. All the staff at Sunnyfields were always ready to assist him no matter what time of the day or night. The level of care was and still is outstanding. My [second relative] is still receiving this care package and will not have any other care givers. My [relative] always says nothing is too much trouble – so thank you again'.

People's care plan documents included a statement about confidentiality which included information on the Data Protection Act 2018. However, we found in a majority of instances this had not been signed by the person. The registered manager confirmed they would act to ensure these were signed by the person or their representative.

The registered manager within the Provider Information Return (PIR) reflected their understanding, knowledge and how they implemented the General Data Protection Regulation to ensure data management systems were effective and complied with legislation.

Confidentiality was clearly understood and implemented. All staff ensured the offices where information was stored were always locked when the rooms were not in use. All computer systems were protected by a password. We observed that confidential information about people's health and welfare were discussed within the privacy of the office.

People told us that staff promoted their dignity and they felt comfortable with them whilst they provided

personal care. One person said, "They're lovely ladies and they don't make me feel embarrassed when they do my care". Another person told us, "They really respect our dignity". We saw that staff recognised and respected people's privacy and knocked on doors and checked with them before entering their homes. One person told us, "It is lovely here. We've got our own front door if we want to be on our own or we can go downstairs if we want company".

People's privacy and dignity was promoted, and the role of staff in respecting people's dignity was detailed within their care plans. For example, if staff were to knock on their front door and wait to be invited in, or in some instances to knock on the door for staff to let themselves in, calling out to the person so they knew a member of staff was in their home.

Good

Is the service responsive?

Our findings

People confirmed that they had been involved in the development of their care plan and reviews. One person said, "They asked me a lot of questions and also ask if there's anything I want to be changed". The same person told us, "I have different carers every day but I don't mind, we all get on". We saw and people told us their care plans were available to them in their flats. One person said, "The girls put my care plan down low on my fridge so I can reach it and read it whenever I want".

People had their needs assessed prior to receiving care and support. Assessments were used to gather personal information about people to help senior staff better understand their needs and to inform plans of care. Information gathered included medical and life history and existing support networks. Assessments also included daily living needs, medicines, communication needs and social interests.

Care plans were personalised and contained detailed daily routines specific to each person. People had 'Pen Portraits' which captured people's life histories including past work and social life enabling staff to provide person centred care whilst respecting people's preferences. We asked staff about specific people and they knew how those people wanted to be supported.

Staff told us communication was good. One member of staff said, "We have a communication book to keep us up to date. We also have a verbal handover and a written sheet. If we have worries about people we can add them to the sheet to make sure everyone knows and can be vigilant".

Staff confirmed that people's care plans provided them with the information they needed. One member of staff said, "Everyone has been assessed and allocated a visit time. If we highlight that we need more time or equipment we pass that information on. Two people are being reassessed at the moment". A member of staff also told us, "If people have special requirements, for example diet associated with their religion, it's in their care plan".

Care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person's condition had deteriorated and they were referred to health care professional for a full re-assessment of their health needs. The person's care plan had been updated, to reflect their current circumstances whilst waiting for a full health care assessment.

The registered manager confirmed that no one at the time of our inspection was receiving end of life care, however this type of care had been provided in the past.

Activities, which took place within the complex were organised by those in residence. There was information displayed in the communal room which provided people with information about upcoming events, for example Christmas celebrations. One person told us, "I'd never played bingo before I came her but I really enjoy it. We have another game on a Sunday evening and a buffet. It's lovely to have company when you want it". Another person said, "I like to join in with the activities, I wish there were more. I don't join in the

bingo but we have a card school and I like that. I'm very satisfied living here".

People confirmed that they would raise concerns if necessary. One person said, "If you want to speak to the manager about anything she'll come straightaway". Another person told us, "I go into the office and tell them if I have a problem. They will sort it out or try to".

A family member we spoke with raised concerns about the care of their relative and told us they had spoken with the registered manager about these, however had not received a response. The registered manager when we spoke with them told us the person's concerns would be responded to consistent with the complaints policy and procedure.

Throughout our inspection, we saw that the registered manager had an open-door policy and people using the service and family members discussed any issues of concern. The registered manager was seen to take immediate action, providing the support people required. This included where people had moved into the complex and were seeking assurance as to accommodation arrangements.

The registered manager maintained an electronic record of any complaints and concerns received on the provider's system. We noted complaints and concerns were investigated by the registered manager and appropriate action was taken. For example, assurances were given as to what action had been taken to reduce the likelihood of the issue arising, which included the updating of people' care plans and records and effective communication amongst the staff team.

Good

Is the service well-led?

Our findings

Sunnyfield Court had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with knew the registered manager either by name or recognition. One person said, "I'm not good with names but I recognise their faces and know what they do". Another person told us, "I feel I can go in the office anytime and ask the managers anything. When I first came here I had a lot of paperwork to complete and they helped me".

There was an inclusive approach to the day to day management of the service, which was achieved in a number of ways. Staff received support and guidance through regular supervisions, appraisals and staff meetings. Individual staff appraisals and supervisions were used to provide feedback to staff as to the quality of their work, providing praise and constructive discussions and targets set where improvement was needed. Minutes of meetings clearly evidenced how the quality of care was monitored and discussed and how areas of improvement were identified with ideas shared as to how to improve the service.

Staff agreed they worked well as a team and supported each other for the benefit of people they cared for. One member of staff said, "The bosses are brilliant. I feel very relaxed working here, it's a nice place to work". Another member of staff told us, "There is good management support. I can go into the office at any time and speak in confidence".

Staff confirmed that they had meetings. One member of staff told us, "At the meetings we can talk about staff niggles. We talk a lot about improvements and new ideas. They make sure we're all happy. It's good for all the staff to get together".

The registered manager was committed to ensuring staff had information available to them which was understood and implemented. An example being to ensure staff fully understood policies and procedures. Part of the registered manager's approach to this was holding 'mini workshops'. These workshops provided an opportunity for the policy to be broken down into sections, staff were divided into two teams with worksheets providing an opportunity for staff to discuss and retain the information. The registered manager advised us the feedback from staff was positive and the worksheets produced were shared with the regions learning and development manager to be further developed and used across the wider organisation.

The provider had a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

There was a clear managerial structure in place both within Sunnyfield Court and the wider organisation of Housing and Care 21. Throughout the inspection there was a management presence in the service with the registered manager and assistant care managers being readily available for staff, people who received support, their family members and health and social care professionals.

As part of the provider's commitment to the monitoring of quality, managerial staff with set areas of responsibility visited Sunnyfield Court to meet with the registered manager and in some instances staff and people using the service. These visits were to assess the quality of the service being provided by reviewing records within the service and by seeking feedback from staff who provided the service and those who received a service. A report was generated detailing the findings of quality monitoring visits. These reports supported the Care Quality Commissions (CQC) five key questions. Is the service safe, effective, caring, responsive and well-led. The providers' report found overall improvements in all areas assessed and had identified areas for continued development and improvement. These were assessed in terms of the priority for their achievement.

To monitor the quality of the service the registered manager and assistant care managers carried out a range of checks. These included medication audits, care plans and risk assessment reviews, safeguarding concerns and complaints received. Specific spot checks were carried out on staff and included general appearance of the care worker, whether they wore their identity badges and if they followed infection control protocol. Other areas included documentation, medicines prompted or administered and whether staff promoted people's independence while providing support. From the spot checks we viewed, there were no actions required. Audits of records had identified some areas for improvement, these were discussed with individual members of staff or in a staff meeting.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents or concerns. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints.

People we spoke with told us there were no meetings but they would welcome the opportunity. One person said, "I think we've only had one meeting in the last three years and I would like more. The carers are good at keeping me up to date though".

People's views and that of their family members were sought through annual questionnaires, however the registered manager advised that no questionnaires had been returned. Meetings had been held amongst managerial staff to identify alternative ways in which people's views could be sought. In response a 'resident road show' was to be introduced and would be chaired by the head of extra care. The first meeting had been set up to talk about both the care and accommodation provided. Already in place was a meeting held twice a year, which provided people with information as to strategic development plans for the organisation and how money was being re-invested to develop further extra care housing complexes.

The provider in its commitment to openness and transparency on its website provides information with regards to the organisations governance arrangements and has published information as to its finances and plans for future investment and development. The provider has a Housing & Care 21 Facebook page, which provides information about events in all extra care housing locations, and includes stories posted by staff.

Housing and Care 21 as an organisation has been awarded the Gold Standard Investors in People Award. This is an accredited award where organisations have been assessed to determine their performance against the standard for people management.

We sought the views of commissioners of the service as part of the inspection process. They commented positively as to their working relationship with the registered manager and the commitment of the registered manager to continually develop and improve the service.