

Housing 21

Housing 21 – Saxon Court

Inspection report

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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

Saxon Court is a housing with care scheme for people living in their own flats. The provider of the service is also registered to provide personal care for people living in their own flats within the scheme. At the time of the inspection there were 40 people receiving care and support from the team of staff based in the scheme. People also had access to housing support staff who dealt with issues related to the premises.

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

People were protected from the risk of harm or abuse by staff who were trained to deliver safe care and knew about action to take if they felt people were at risk. People and their relatives expressed confidence in the care and support provided by staff who they found to be reliable and caring. Staff recruitment processes were safe and robust to ensure people were supported by suitable staff of good character.

People's care and support needs were assessed and regularly monitored to ensure they were still current and being met. People's wishes, and legal rights were promoted and protected by staff who had received up to date training which the staff felt equipped them well to deal with any issues.

People and their relatives said staff safely supported them when they needed assistance to move, and any administration of medication by staff was well managed.

People were supported to have maximum choice and control of their lives and staff advised they had been trained to support people in the least restrictive way possible and in their best interests. People made positive comments about the care and support they received from staff who regularly worked with them.

People and relatives said the staff responded well to changes in how people were to be supported, providing prompt support when people were unwell or had increased care needs. Agreed plans of care reflected the full care and support needs of people.

People and their relatives expressed confidence that any concerns or complaints would be properly addressed. The registered manager was known by people and relatives who regarded them as approachable. Concerns or complaints were responded to in line with the providers policy and procedures.

People were supported to join in a wide range of activities which were arranged in the service to support their well-being and maintain or develop relationships and interests.

The provider had regularly sought feedback on the quality of the service using questionnaires with people and their relatives. The registered manager also had plans to improve how information from the analysis of the questionnaires was shared. The quality of care provided was regularly checked by the registered manager to ensure the provider's set standards were maintained.

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

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was good (report was published in October 2017)

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Housing 21 – Saxon 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

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation for each person in Saxon Court is a two bedroomed flat with is owner 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

We gave the service 48 hours' notice of the inspection. This was because we wanted to be sure there would be people at the service to speak with us.

Inspection activity was undertaken on 27 February 2020 when we visited the office location and met with some people in the office.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all information we had to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of paper and computer held records relating to the management of the service, including policies, procedures, daily records and training records were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- There were procedures and guidance which were followed by staff to ensure people were safeguarded from the risk of abuse. Staff knew how to recognise issues of concern and raise an alert.
- Staff training also covered whistle blowing; one staff member said, "I know what to do and the telephone number to use is displayed in the staff office. I don't think I would have any reason to whistle blow because the manager would listen to concerns." (Whistle blowing is a process where staff are protected from any repercussions if they report any bad practice.)
- One person said, "I feel safe here. They monitor who comes into the building."

Assessing risk, safety monitoring and management

- Risk assessments had been completed in respect of each person related to their care and support needs. The detail had been shared with staff to ensure they provided consistent and safe care in line with the person's needs.
- Individual plans for each person to be safely supported in the event of a major incident such as a fire were in place. Staff were aware of each person's specific risk assessments and how risks were to be managed. The plans were regularly updated as people's support needs changed.
- One person said, "The staff are good with my equipment and they helped me when they spotted an issue with one piece [of moving equipment] being unsafe. I had it replaced before it broke."

Staffing and recruitment

- Full checks were undertaken on staff before they started work with the service to make sure they were suitable to work with people in their own flats. The registered manager advised they were well supported by the provider's HR team to ensure all necessary checks and references were received confirming people were of good character.
- There were additional checks of staff carried out by the provider through annual questionnaires. These were issued to all staff in respect of any change in circumstances which needed to be declared.
- There were enough staff rostered on each shift to meet the needs of people in line with support which had been agreed. People confirmed that they received their planned care. One person said, "I get good care and the staff are timely and the care meets my needs." Another person said, "Staff come on time or come earlier when I request it."

Using medicines safely

- Staff received training in how to safely administer medication to people following clear procedures. People received as much help with their medication as they needed.

- Medication was stored in each person's own flat and records were maintained detailing what had been administered to people.

Preventing and controlling infection

- Staff were provided with personal protective equipment including gloves and aprons as needed to reduce the risk of cross infection when supporting people.
- A main meal was served in each day in the service which some people chose to have. The last inspection of the food service awarded a five star rating for food hygiene.

Learning lessons when things go wrong

- The registered manager advised they always reviewed and followed up on any incidents or occurrences to check staff had taken appropriate action, and to identify any lessons to be learnt. There was evidence available of action the registered manager had taken to prevent and one incident reoccurring which included refresher training for a member of staff.

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 regularly reviewed and reassessed. The registered manager advised the initial assessments of people were detailed and involved relatives in line with people's wishes.
- The assessment information had been used to inform individual care support plans. Care plans were clear and contained information about how the person liked to be supported. One staff member said, "There is good communication between the staff so if someone is unwell or has changed needs we are aware as soon as possible."
- Care support plans were regularly reviewed between staff and people, with relatives where appropriate, so people could be sure their choices and preferences in how they liked to be supported were recorded for staff to follow.
- Care files and folders containing essential information for each person were orderly, with information easy to access in the event of an urgent situation or for reviewing purposes.

Staff support: induction, training, skills and experience

- Staff received an induction training before starting to work with people. New staff work alongside experienced staff until they were judged to be competent. One member of staff said, "The training provided at induction was good and some of it was an eye opener and gave me useful guidance."
- People spoke well about the skills and abilities of staff. One person said, "I cannot fault the staff. Not one of them is incompetent."
- Staff received ongoing training with reminders issued when training was due to be repeated. The records maintained were clear and detailed.

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

- Staff ensured people who needed support to maintain a balanced diet were served food and drink in line with their care plans.
- People were supported by either their families or staff to arrange shopping and delivery off groceries if they needed help.
- There was a restaurant within the service where some people chose to eat their main meal each day. People could also purchase sandwiches from the restaurant to take back to their flats.
- The registered manager had regular contact with the catering staff so people could be updated in a timely manner of any changes. One recent occasion had been when the restaurant was closed for two days. Some people who lived in the service had organised cooking together in the separate kitchen on the two days so people could have the option to join together for the main meal of the day.

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

- The registered manager advised staff had experience of liaising and working with healthcare professionals such as district nurses when needed to help people to keep well and continue living safely in the service. There were details easily accessible for staff to contact or consult with the external professionals as needed.
- One person said, "They are good at calling the doctor when they see I am unwell." One relative said, "They are good at spotting healthcare issues; they spotted an issue with [name of relative] and alerted me so I could raise it with the doctor."
- A relative who lived some distance from the service said, "[Name of person] receives good support to get a doctors or dentists appointment when its needed; and they ensure transport is arranged."

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.

- We found no one was subject to any restriction on their liberty at the time of the inspection.
- Staff had a good understanding of the need to ensure people were involved in making decisions about their lives, with their rights fully respected.
- Staff provided people with opportunities to make choices in all aspects of their care and best interests decisions were made involving families and professionals whenever possible.

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 living in the service were from a broad range of cultures and religions. Staff had ensured a range of information was available for people to ensure people felt comfortable in the service.
- One person said, "The staff are good at maintaining my privacy and my different needs. They do respect confidentiality and don't talk about others."
- A group of people held weekly religious meetings in the home with access to one of the communal rooms set aside for them.

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

- People were supported to be very involved in determining how they were to be supported.
- One person who had lived in the service for some years said, "I was involved in agreeing my care plan and there have been reviews of the care and very little has changed [in what I want]."
- All people had been issued with an emergency call pendant to summon help in the event of an emergency. One person said, "The night care staff are good and respond when I call them for support."
- One relative said, "They are really good carers. They actually care about the job they are doing and often chat away to [name of relative] while they are providing care." Another relative spoke about how staff extended support to the families of people and said, "The carers are brilliant; I don't know what we [the persons family] would have done without their support."
- One relative commented positively about the daily care provided to their relative, "The staff are very kind, they provide good care and staff go over and above what they need to do."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much independence as possible and determine their own daily routines with staff available when needed.
- One relative spoke about the support provided and said, "[Name of person] enjoys their independence and receives a lot of attention and support from staff."
- People were supported by staff who knew them and how they liked to be supported.
- One person said, "I usually get the same staff, and when there is a change I know in advance." Another person said, "The staff are lovely, and they are good at protecting my dignity making me feel at ease."
- Staff knocked or called out when they went to each person's flat and waited to be invited in before entering. Some people had chosen to have key code pads so staff could gain access to provide support at agreed times.

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

- Each person had a personalised care and support plan which reflected their preferences and wishes in respect of how their care needs were to be met.
- One person referred to prompt action taken when a change of support was needed. They said, "I am able to request when I want a change in care, and they respond and just do it."
- One relative commented positively about the reviews of care. They said, "They [registered manager] arranges for regular reviews of the support [name of person] receives. They have the review when it fits in with me so I can attend which is what my relative wants."

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.

- Each person's care plan was shared with them in a format they found accessible. The issue of preferred accessible format was raised at time of review with the person, and any involved relatives, so the format to be used could be updated if needed.
- The regular newsletter was produced in an easy read format and larger or preferred fonts were available on request. There were notices in the service informing people about what was available. In addition, the providers policies could be made available in braille on request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities socially and culturally relevant to them

- The service offered a range of activities on a regular basis which had been developed and identified in line with the interests of people using the service. People spoke positively about the benefits they gained from the activities. One person said, "The activities here are a bonus, there's a lot going on and I am going to see the entertainer tomorrow when we will all have supper together."
- People said the staff encouraged them to join in and socialise with others to avoid isolation and to improve their well-being. Staff advised some people joined in numerous activities whilst other people chose to only join in occasionally. The range of activities in the service included: Tai Chi and bingo as well as arts and crafts. Professional entertainers were also regularly invited to perform in the service. One person said, "There's activities going on here, but you don't have to attend. You're left alone to do whatever you want to do."
- People made use of some of the communal space for activities and also had access to a kitchen area on

the second floor of the service. Details of activities were circulated in the newsletters and on a display board in the foyer.

- People had access to an on-site hairdressing salon which was operated each day and conveniently located on the ground floor.
- Relatives of people were able to book and use guest facilities at the service when they wanted to stay overnight whilst visiting.

Improving care quality in response to complaints or concerns

- People and relatives expressed confidence about management of any complaints they raised.
- One person said, "If I had a complaint, I would talk to the office staff, they are all lovely and approachable." One other person said, "I had a housing related issue and they dealt with and got the housing support I needed." One person said, "Anything I have ever raised with the management has been addressed and dealt with."
- Relatives were very clear about the procedure for raising any complaints or concerns. One relative said, "I would contact the office staff about care or the housing manager if needs be." Another relative advised, "I would raise any concerns with [name of senior care] via the office. I'm confident it would be sorted."

End of life care and support

- No one was receiving support for end of life care at the time of the inspection.
- The registered manager advised when providing of end of life care they had ensured specific wishes were agreed and recorded in care plans.

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 commented on the involvement of the registered manager; one person said, "[Registered manager name] and the assistant managers are always available in the office and you can raise anything with them."
- The registered manager advised they met with people during their daily work and maintained a visible presence in the service. They attended meetings with people using the service and advised of other plans they had to increase how they continually engage with people to discuss the service.

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

- Staff received refresher training regularly to keep their practice up to date. The registered manager and senior staff promoted training for staff and had undertaken specific training themselves to enable them to lead training sessions. One staff member said, "It's good that we all receive the same training as it helps us to be consistent with people which is good."
- Staff had regular supervision meetings with either the registered manager, assistant manager or senior staff. In addition, the senior staff conducted observed practice sessions with care staff providing feedback about staff performance.
- Staff were very clear about their responsibilities to report and act on issues to protect people using the service. One staff member said, "We have had training about whistleblowing, and we have had a booklet issued with contact numbers we could use to raise any concerns."
- Another member of staff said, "The managers here are good at responding to feedback or when there is need to ask them questions, they respond."
- The registered manager had started to deliver on planned improvements which had been advised to CQC when the PIR had been submitted four months prior to the inspection, demonstrating that the plans were realistic, and they did deliver improvements. A named keyworker system of assigning staff to people was being introduced to further improve consistent contact between people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People participated in an annual survey about the service with an additional survey carried out with people in receipt of personal care and support. The findings from audits and checks along with survey results were used to identify when changes were needed in the service.
- Monitoring of response times to calls outside the planned visits were undertaken confirming staff were

timely and prompt when responding to people.

- Survey results were analysed and shared with people and were presented in accessible formats. The registered manager advised they were keen to further develop ways in which analysis was shared and provided.
- The service produced regular newsletters for people and took the opportunity to share information of interest to people. People referred to the newsletters in conversation during the inspection.
- The registered manager advised they were supported by their own line manager to undertake training to further develop the service. Requests for training from all staff were well received and responded to.

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 registered manager and staff were open and transparent throughout the inspection process.
- The registered manager advised regular contact was maintained with relatives and people who used the service.
- There was a process in place to share information with relatives and others should any incident occur.

Working in partnership with others

- The registered manager and staff said they had a good working relationship with healthcare professionals and other agencies when they were involved in supporting people to continue living in their own flats within the service.
- The registered manager advised they had opportunities to meet regularly with managers from the provider's other services to share information about good practice and developments which could be used in the service to benefit people.