

Housing 21

Housing 21 – Rowan Croft

Inspection report

Rowan Croft Extra Care Court
Goodwood, East Bailey, Killingworth
Newcastle Upon Tyne
NE12 6HT

Tel: 03701924027

Date of inspection visit:
10 July 2019
16 July 2019

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31 July 2019

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Housing & Care 21 – Rowan Croft is an extra-care scheme. The building, known as a 'Court' has 45 apartments. At the time of this inspection, 49 older people lived at Rowan Croft, of which 31 received personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were well cared for in the comfort of their own home by staff who provided high-quality, person-centred care. People's privacy and dignity were protected, and staff were kind and respectful. Independence was encouraged, and people were involved in developing their care plans and making decisions.

People felt very safe living at Rowan Croft with support from caring and friendly staff, who knew them well. People's care needs were assessed and the risks they faced were reduced. Accidents and incidents were recorded and reported as required.

Good partnership working between staff and external professionals ensured people achieved positive outcomes. People were supported to maintain or regain their independence. The service was flexible and could easily be changed and adapted to meet people's varying needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to take part in social activities and pursue their hobbies and interests. This helped to reduce loneliness and promote socialisation with family, friends and neighbours.

The quality and safety of the service was closely monitored through checks and audits. The registered manager achieved high standards through continuous improvement and development.

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

Rating at last inspection

The last rating for this service was good (report published 23 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Housing 21 – Rowan Croft

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 conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 provider 24 hours' notice to ensure staff would be available at the office location. We also asked them to seek the permission of people who used the service, for us to visit them.

Inspection activity started on 10 July 2019 and ended on 16 July 2019. We visited Rowan Croft on 10 July 2019 to see the registered manager and staff; and to review care records, policies and procedures. We also visited the people who agreed to meet with us. On 16 July 2019, we reviewed information the provider sent us after the site visit, and we contacted care staff for their feedback.

What we did before the inspection

We reviewed the information we had about Housing & Care 21 – Rowan Croft 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 used all this information to plan our inspection.

During the inspection

At the site visit, we spoke with the registered manager and the assistant care manager. We reviewed four people's care records. We looked at information kept regarding the management of the service. This included four staff records and records related to the quality and safety of the service.

We spoke with eight people who received personal care and support.

We emailed all staff for their feedback and to ask questions about their skills and knowledge. However we did not receive any responses. We also received feedback from a commissioning officer and two local authority care managers who worked in partnership with the service.

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

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

- People felt safe and protected from harm. Two people said, "I feel very safe here."
- Safeguarding procedures remained in place. Staff were well trained, and they acted quickly to protect people when necessary.
- The registered manager had maintained a good system to report, record and monitor matters of a safeguarding nature to reduce risks.

Assessing risk, safety monitoring and management

- The registered manager ensured risk assessments were carried out in relation to people's needs, such as moving and handling, falls and continence. Risk reduction measures were in place to help staff keep people safe. The assessments promoted positive risk taking and encouraged independence.
- A record of accidents and incidents was maintained to monitor, and review people's care needs and to keep risk assessments up to date. This helped to reduce the likelihood of repeat events.

Staffing and recruitment

- There was enough staff to operate the service safely and meet people's needs. One person said, "There is plenty of staff when I need them and it's very reassuring indeed."
- The staff team had a mix of skills, knowledge and experience to deliver safe care.
- A safe staff recruitment process remained in place. Staff were thoroughly checked and vetted prior to working with people.

Using medicines safely

- Medicines were well managed. Staff followed a good system to ensure ordering, storage, administration, recording and disposal of medicines was safe.
- Medicine administration records were well maintained and up to date.
- Staff carried out routine checks of medicines and the registered manager had oversight of this. The registered manager carried out audits to make sure people had received their medicines as prescribed.

Preventing and controlling infection

- Action was taken to protect people from the risks of infection and cross contamination. One person said, "Everywhere is clean and tidy."
- Staff wore disposable gloves and aprons when undertaking personal care tasks. They followed best practice guidance in relation to carrying and cleaning soiled laundry.

Learning lessons when things go wrong

- The registered manager evaluated accidents and incidents to highlight key themes and trends. This helped them to identify any areas for improvement.
- Lessons learned were shared with staff to continually improve the service.

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 needs continued to be fully assessed. This included their physical, mental and social needs. Staff supported people to set and achieve good outcomes. Staff reported any issues or concerns about people to the registered manager for action.
- Care plans described people's needs, wishes and choices about how their care should be delivered. This enabled staff to maintain a high-quality service.
- The service people received was regularly reviewed to make sure it reflected their current requirements.
- Staff supported people in line with best practice guidance and relevant legislation.

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

- People's nutritional needs were met. Staff monitored people's needs and proactive action was taken. People were mostly independent. Staff provided minimal support to help people manage a balanced diet.
- Where people were at risk of malnutrition or dehydration, staff followed plans created by external professionals. One person said, "The (staff) do my meals, I pick what I want, and they cook them. They make certain I have enough to drink and make me tea and put out a jug of water."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff applied the principles of the MCA to the support they gave people. Staff assumed people had the capacity to make decisions, unless they assessed otherwise. People consented to the care they received. They were fully involved in decisions about their care. Best interests decisions were made in accordance with legislation and people's wishes. This ensured their legal and human rights were upheld.
- The registered manager held copies of Lasting Power of Attorney arrangements which some people had in

place with their relatives. This ensured relatives with the legal right to make decisions on a person's behalf were involved with their care arrangements.

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

- People continued to achieve positive outcomes with support from staff. The registered manager shared multiple examples with us, including one person who had recently moved apartments. They told us, "The difference this has made to (person's) mental wellbeing has been noticeable."
- The registered manager and care team leader were proactive in involving external professionals in people's care. They recognised the importance of people receiving timely interventions from others when their needs changed.
- Staff maintained good links with health and social care professionals such as social workers, opticians, dentists and occupational therapists to help people lead healthier lives and improve their well-being.

Staff support: induction, training, skills and experience

- Staff continued to be well trained to support people effectively. Their skills and knowledge were up to date and regularly refreshed. This included training courses designed to increase staff awareness of topics relevant to people's needs, such as diabetes and dementia. People told us staff were "very well trained."
- A thorough induction for new staff was fully embedded. This was followed by a probationary period and shadowing, to prepare new staff for their specific role.
- Staff were well supported by the registered manager and the assistant care manager. Staff attended regular supervision and appraisal sessions to check their competence and identify further learning needs or potential development areas.

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

- The building and communal areas were designed, adapted and decorated to meet people's needs effectively.
- Improvements had been made to communal areas as part of the provider's programme of refurbishment. People had been involved in making the decisions about the chosen colour schemes and décor.

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 consistently gave good feedback about the staff and the service they received. One person said, "The (staff) make this place and that's a fact."
- People said staff were kind, considerate and compassionate towards them, and their visitors. Another person said, "The (staff) without exception are exceptional."
- Staff knew people very well and had time to listen to people's wishes and choices, which they respected. They engaged well with people and provided meaningful emotional support.
- An equality and diversity policy was in place and staff were trained to ensure people were treated with respect regardless of their sex, age, disability or beliefs. Staff promoted people's rights and ensured they were not discriminated against in any way.

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

- Staff continued to support people to be involved in and make decisions about their care. They recognised when people needed help from others. Staff assisted people to obtain advice and external support, such as from an independent advocate.
- Staff made sure people had the information they needed to make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Their rights to privacy and confidentiality were valued. One person said, "I can keep my dignity and privacy here when having a shower."
- People received consistent support from familiar staff who understood them. Staff recognised when people were anxious or distressed and they acted promptly to provide support as needed.
- People exercised choice and control over their own lives. Staff continued to encourage people to maintain and improve their independence. This had helped people to achieve personal goals. One person said, "I'm well looked after, and the staff are lovely, I do everything that I can, so they keep me independent."
- People were supported to maintain relationships with their family, friends and the local community.

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

- There was a rounded approach to assessing people's needs and developing care plans. They focussed on staff helping people to achieve their personal goals and experience positive outcomes. Staff delivered person-centred care and support which worked well with people's established routines and their preferences.
- People were involved in developing their care plans alongside external professionals and their family members. Care plans were regularly reviewed.
- The service was flexible and could be easily changed in response to people's varying needs. An external professional told us, "When needed, they do have the ability to respond quickly to changes in support."
- People had choice and control over how their support was delivered. If necessary, family members supported people to share their views, which were listened to, and acted on by staff.

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.

- Staff knew people's communication needs and had recorded what support people needed to communicate effectively. This included how people should be given information and how to make sure they understand it, such as verbally, written in large print or graphics.
- People's communication needs were shared appropriately with external professionals, so any information they provided to people could be fully understood.

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

- People who received funded support to prevent social isolation and loneliness had a care plan in place for this. Staff considered people's individual needs, wishes and preferences with regards to the activities, hobbies and interests which enriched their lives. Some people received individual support from staff to access the community.
- Staff facilitated communal activities and arranged for outside companies to visit Rowan Croft, which engaged people and promoted socialisation amongst all people who lived there. Staff encouraged people to lead or join in with the activities. One person said, "They helped take (relative) down to coffee mornings, and to be honest, this isn't their job. Their job is to care for people, so this was above and beyond the call of

duty."

- Staff encouraged people to forge new friendships with others living at Rowan Croft, as well as maintaining relationships with family and friends. The registered manager told us about two people who had become good friends. They said "(Person) has become good friends with a neighbour, and they can often be seen out and about the scheme."

Improving care quality in response to complaints or concerns

- The registered manager had recorded, responded to and resolved complaints promptly. Any learning from complaints or minor issues was shared with staff to improve their practices and the service people received.
- People knew how to complain. Leaflets were provided in various formats to enable people to raise their issues successfully. People were confident to raise issues and felt assured the registered manager would listen to them and sort the problem out.
- There had been very few complaints. One person said, "I can go to bed when I want, get up when I want, the place is spotless, the food is great in the café, and nothing is too much trouble for the staff. What is there to complain about?"

End of life care and support

- There was currently no-one using the service who received end of life care. However, the provider had the ability to offer this level of care, if it was needed.
- People had shared their religious and cultural preferences. This would help staff to care for people when they were no longer able to express those wishes themselves.
- Emergency care and resuscitation preferences were recorded, where people had chosen to share these.

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 and external professionals told us this service was well-led. It was managed by an experienced registered manager and assistant care manager who were motivated to provide person-centred care. The management team demonstrated values which included empowering people and promoting independence. They told us they looked for these qualities in the staff they employed. One person said, "It's a very good, friendly atmosphere here and the manager has a good, reliable team working with her. The staff are brilliant, honestly brilliant."
- The registered manager had a good understanding of providing consistently safe, high-quality care to help people to achieve positive outcomes. An external professional told us, "(Registered manager) and (care team leader) seem to have a good knowledge of the tenants and want what is best for them."
- Staff were supported by the management team to deliver person-centred care.

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 was open and honest when dealing with any issues. They had developed a good relationship with people and staff. People were confident the registered manager had and would act in a responsible manner if something went wrong. One person said, "(Registered manager) would sort out any problems. Not that we have any as everyone looks after you and takes care of you."
- The provider had oversight of the service and ensured the registered manager acted in a candid manner and took action which benefitted the service.

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

- The registered manager and staff had a clear understanding of their roles and responsibilities including regulatory requirements. The policies and procedures in place included best practice guidance which enabled staff to provide a high-quality service. One person said, "You can't improve on here, it's clean, well run, well organised and they genuinely care." Another person said, "They have made me feel at home, I'd certainly recommend here to my friends and have done."
- Governance and quality assurance were fully embedded into the service. Audits were regularly completed to monitor the safety and quality of the service. Checks were thorough, and any issues raised were addressed immediately. Audits were analysed by the registered manager to look for themes. They acted quickly to address issues and make improvements to the service.

- The provider carried out an annual audit of the service. This was last conducted in November 2018. Rowan Croft was ranked very highly in the provider's portfolio of similar services. Also, in November 2018, an external audit was carried out by the local authority. The service scored highly; achieving 91%.

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

- There was regular engagement with people to keep them involved in how the service was operated. Quarterly surveys were carried out to gather people's views and results were positive. The registered manager regularly updated the 'You said, We did' noticeboard to highlight the changes made following people's suggestions.
- The registered manager held 'resident' meetings. A recent meeting was held to discuss the redecoration plans and gather ideas from people about colour schemes.
- The registered manager welcomed all feedback from people and their visitors. They planned to implement a means of collecting feedback from external professionals following their visits to Rowan Croft.
- Staff meetings gave staff an opportunity to be involved in how the service was run and share their ideas for improvements.
- The provider shared information, good news stories, campaigns and incentives through regular newsletters to people and in staff briefings.

Continuous learning and improving care

- The registered manager shared learning from incidents which happened throughout the provider's organisation with the staff, to continually improve their service and working practices.
- The provider had learned from external inspections which took place throughout their organisation. An updated medicine policy was implemented to reflect changes in best practice guidance which had been highlighted at other service inspections.

Working in partnership with others

- The registered manager and staff had maintained a positive relationship with external professionals to help meet people's needs and achieve positive outcomes.
- The registered manager and staff had made good connections with other local businesses to give people who lived at Rowan Croft opportunities to be involved with their local community.