

Housing 21

Housing 21 - Rokeby Gardens

Inspection report

Church Road
Kirk Sandall
Doncaster
DN3 1HP

Tel: 03701924527
Website: www.housing21.org.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

About the service

Housing 21 - Rokeby Gardens is an extra care service in the Kirk Sandall area of Doncaster that contains 52 self-contained flats. There were 56 people who lived in Rokeby Gardens. 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. At the time of our inspection there were 26 people using the service who required support with their personal care needs.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were safe from the risk abuse and were supported by staff who understood safeguarding procedures. There were sufficient and appropriately trained staff in place to support people. People received their medicines safely. People were actively involved in their care and supported to maintain their independence. 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.

Right Care

Care was person-centred and maintained people's dignity, privacy and independence. There was support for people with additional communication needs. People were encouraged to make choices about what activities they wanted to do. There was a complaints policy and process in place. The service had focussed on conversations with people and their families about making plans to meet people's wishes at the end of life and what to do after loved ones had passed away.

Right Culture

There was a positive culture in the service. People, relatives and staff were complimentary about the management of the service. Staff were valued by the management team and were recognised for their achievements. There was an open, transparent organisational culture that was focussed on supporting staff and continuous service improvement.

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

Rating at last inspection

The last rating for this service was good (published 8 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service, specifically, the time elapsed since the last full inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 - Rokeby Gardens

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector, a regulatory co-ordinator 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 5 October 2023 and ended on 17 October 2023. We visited the location's office/service on 5 October 2023.

What we did before the inspection

We reviewed information we had received about the service since it had been registered with us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 1 family member. We also spoke with 8 members of staff including the registered manager and a deputy care manager. We observed people in the communal activities room when they were engaged in a coffee morning. We reviewed a range of records which included 4 people's care records and various medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A range of records relating to the management of the service including audits, analyses of data and policies and procedures 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from the risk of abuse and harm. A safeguarding adults policy set out the process for staff to follow to raise a safeguarding concern.
- The registered manager understood their responsibility to share information with the local authority safeguarding team and CQC to ensure allegations or suspected abuse were investigated.
- Staff completed appropriate training to safeguard people from the risk of abuse and harm. A member of staff told us, "[The training course] covered how to report and looking out for the people's health and changes in their mood or if there isn't food in the cupboards. We also discussed the various ways that someone can be abused."

Assessing risk, safety monitoring and management

- People's care plans were detailed and contained risk assessments associated with their care needs.
- The service tested the fire alarms weekly and had an evacuation lock box at the front door which contained up to date information about everyone who lived in Rokeby Gardens and their evacuation needs.
- People who lived in Rokeby Gardens were actively involved in building safety meetings where fire safety, evacuation and training for staff were discussed.

Staffing and recruitment

- Staff were recruited safely. A range of checks including references and disclosure and barring service checks (DBS) had been carried out before staff started employment with the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff employed to meet people's needs and to deliver good quality care and support. Staffing rotas were planned 4 weeks in advance to ensure consistency of carers for people.
- There was a clear induction process for new starters which included weekly checks and competency assessments for the first 3 months of employment.

Using medicines safely

- People were supported to take their medications safely. One person told us, "The carers are pretty good about administering medicines here. Everything is done properly and everything is documented."
- Medication Administration Record (MAR) charts were audited by care managers and any areas for improvement were highlighted and actioned.
- Staff received appropriate training and competency checks on medication administration.

Preventing and controlling infection

- Infection prevention and control measures promoted people's safety. Staff had received training about how to prevent infections and how to use personal protective equipment (PPE).
- A summary of the Covid-19 guidance for extra-care services was in place.

Learning lessons when things go wrong

- Focus groups for staff were used as opportunities to feedback on learning and to identify areas for improvement.
- Audits of care plans, daily notes and MAR charts identified opportunities for improvement and learning.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 plans were detailed and person-centred.
- Regular audits and reviews of people's care plans were completed. Areas for improvement were identified and actioned.
- Care plans contained information about care people needed at each call which was easy to read, follow and understand. A member of staff told us, "We read the care plan before we go in the call and we would get a quick briefing on what we need to know as well. Care plans are in people's apartments and they get updated with any changes."

Staff support: induction, training, skills and experience

- Staff were provided with training which enabled them to support people effectively. A member of staff told us, "Our training is a mix. We do 'face to face' for major courses like moving and handling and then online for anything else. You can access this at any time to refresh yourself."
- New starters had a clear and structured induction process and staff confirmed they received feedback about their work, "Managers always make sure that they give constructive and positive feedback where its due. There is a positivity board in the staff room where if a certain carer has done really well or achieved something, it's popped up there."
- Staff were offered support around their emotional health and well-being and there was a focus on recognising the achievements of individual members of staff.

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

- Staff prepared healthy and nutritionally balanced meals and drinks for people in accordance with their personal choices.
- People could choose to eat their meals in their flats, in the in-house restaurant or have takeaway meals delivered. A member of staff explained how they engage with people about meals and choices, "The first thing I do is wash my hands and then check what the person has in and tell them and then I ask them what they want to eat. We could also go down to the restaurant and they have extra choices down there as well. Afterwards we make sure the surfaces are all clean and make sure we wash our hands after that as well."
- Some people needed support to go shopping and this service was provided by the care and support staff.

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

- Staff knew who to contact if people needed medical support. Care plans and risk assessments included contact details of appropriate health care professionals so staff could contact them if people did not feel

well.

- People were supported to access local day services.
- Where people needed specific pieces of equipment to support their mobility and moving and handling needs, this was sourced and provided by the local community equipment service.

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 MCA 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

- Staff worked within the remit of the MCA and understood the importance of gaining consent from people.
- People were supported in their own home and they were not restricted by staff in how they lived their lives.
- Staff supported people to make their own decisions about their care and support. A member of staff told us, "[When we provide care] we talk through what we are going to do with them and give them choices wherever possible for example, how warm they want their shower and make sure they have as much independence as they can have. People choose what they want to do in the time we spend with them."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Care plans included information about how people wished to be supported.
- People's equality, diversity and inclusion needs were included in care plans.
- The service used 'Care to share?' forms to gather feedback about the quality of care and support provided to people. People were positive in their feedback about staff. One person said, "[Carer] always arrives on time and is very polite and caring. They do the jobs that need doing and always have a smile on their face."

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

- People were involved in discussions about their care and their care plans. One person told us, "Yes, [I am involved in discussions about my care plan] if I need to be. Obviously if there are any changes to be made it's all talked through."
- Staff told us about how they involve people in making decisions about their care. One member of staff said, "We ask people and find out what they want to wear each day. If they're unsure, we will show them different clothes and they can point to what they would prefer."

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information for staff to ensure people were supported in a kind and caring manner which promoted their dignity and independence.
- People were provided with dignified and respectful care from staff. One person told us, "Yes, [they treat you with dignity and respect]. They couldn't be any better."
- People were supported to keep their independence by maintaining their own tenancy and attending community activities, clubs and sessions which took place in the shared communal spaces. One person told us, "Downstairs there's an activities room and a café. There are games, DVDs, CDs and all sorts of things and the garden is nice. I go out quite a lot but they are there if anyone wants to use them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and identified their care and support needs.
- Staff ensured people maintained choice and control through the provision of care and support. One member of staff told us, "I give people choices in what they do each day. Anything they can do themselves, I encourage them to do it because I don't want to take any independence away from them."
- A family member told us, "Yes [relative] gets to make everyday choices. They go to bed early and get up when they want. It suits them very well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified at the point of assessment and recorded in their care plans.
- Where people needed additional support around communication, their care plans were tailored using specific colours or shading that enabled them to read and follow the information about their agreed care services.
- Policies and information for people could be provided in a different format including large print, Braille, audio file or other languages.

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

- A series of planned activities, trips out and social events were arranged by the staff team. They were available to everyone who lived at Rokeby Gardens and members of the local community.
- People were asked for their ideas about future trips and activities so staff could ensure events were relevant to people and supported them to maintain and follow their personal interests.
- Staff reviewed the outcomes from events and social activity sessions to identify what went well and what could be improved for future sessions. Feedback from people was included in this reflective practice.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place that clearly explained how to raise a complaint and the process for a response.

- Posters explaining the complaints process were displayed in the communal areas in Rokeby Gardens.
- The registered manager reviewed concerns raised about all aspects of care and support at Rokeby Gardens and identified learning and improvement. One person told us, "I don't really complain but if I've got a little niggle then I will tell [the registered manager]."

End of life care and support

- The registered manager took a proactive approach to end of life care and support by leading the service to achieve the 'Gold Standard Framework'.
- People were supported to have conversations about end of life care planning.
- The service had developed a support pack for relatives following the death of a loved one. It provided key contacts and information to help family members identify what to do and how to manage the administrative processes following a death.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Staff were able to describe and demonstrate a good understanding of person-centred care and support. One member of staff told us, "We use the care plans and base the person's care around what they want and make sure it's safe. We make sure that they can be as in control as much as possible and have as much independence as they possibly can have."
- Regular staff meetings took place where service updates and discussion about changes to specific care calls were discussed. Notes from the staff meetings were made available to staff.
- People who lived in Rokeby Gardens were happy. One family member told us, "[The staff] are lovely, so jolly and kind and they jolly [person] along in the morning. I can't thank [the staff] enough. It's a nice place to live and [person] is happy here."

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

- The registered manager had regular quality meetings and reviews with the area manager.
- There was a clear management structure in place in the service and there were regular staff meeting where key service updates and information was shared.
- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and good oversight of the service they managed.

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

- People who lived in Rokeby Gardens were involved in meetings and discussions about all aspects of the service and the shared facilities and premises.
- The colour scheme for the planned refurbishment of the shared facilities and communal areas had been discussed with and chosen by people who lived in Rokeby Gardens.
- A newsletter which contained service updates, information about future events and articles written by residents was created and shared each month.

Continuous learning and improving 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

- There was an open and honest culture in the service. Staff were open in their conversations and discussions with the inspector.

- Throughout the inspection the registered manager, the management team and the staff were open about the performance of the service, challenges which had been overcome and incident recording and reporting.
- The service had a duty of candour policy in place that set out the organisation's commitment to 'doing the right thing'.

Working in partnership with others

- The service worked with health and social care professionals to ensure people received care and support to meet their assessed needs.
- Members of staff told us they liaise with other health and care professionals, "We work with everyone's GPs for medications and speak to pharmacists. We talk to social workers and district nurses about people's care."