

Housing 21

Housing 21 – Handyside 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

About the service: Handyside Court is a service which provides care and support to people living in 'supported living' settings, so that they live as independently as possible. People's care and housing are under separate contractual agreements. CQC does not regulate the premises used for supported living: this inspection looked at people's personal care and support. There were 23 people using the service at the time of our inspection.

People's experience of using this service:

People that we spoke to said that Handyside Court was a good place to live and that staff treated them with respect and kindness.

People's health and social care needs were managed well by management and the staff team. There were positive relationships with professionals which supported people's overall wellbeing. Medicine was administered safely and there were clear protocols in place for medicine which was taken when required. Records were kept up to date and medication administration records (MAR) were all correct and checked by staff and the registered manager.

The registered manager showed evidence of ongoing quality monitoring across all aspects of the service. Any concerns raised by residents' relatives or staff were investigated and addressed. This was also used to inform improved practices throughout the service.

People had enough to eat and drink. People were offered choices and had the opportunity to pay for a meal in the restaurant or prepare their own food in their apartment. There was a choice of socialising with other people using the service or remaining in their own space.

There were a variety of activities, both to keep people occupied and to entertain them. There were also physical activities to assist with people's mobility. People were consulted on what they wanted to do, giving people choice and control.

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 inspection rating was requires improvement (published 7 September 2018) we found at this inspection that the service had improved to good. At the last inspection we found that the provider had failed to ensure that risks were effectively monitored and managed and there was insufficient staffing. This was a breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Handyside 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 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection

The inspection took place on 10 December 2019.

What we did before the inspection:

We reviewed the information we received about the service since the last inspection. This included checking incidents the provider notified us about such as serious injuries and abuse. We sought feedback from the local authority, we also spoke with other professionals who work with the service. We requested information from Healthwatch this is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We assessed 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 any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four people who used the service and one relative. We spoke with six members of staff including a domestic assistant, care workers the deputy manager and the registered manager.

We reviewed a range of records. This included four people's care plans and medication records. We also looked at four staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we found that the provider had failed to ensure that risks were effectively monitored and managed and there was insufficient staffing. This was a breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. Risks were assessed, monitored and managed and there was sufficient staffing to meet people's needs.

- Staff were aware of their responsibilities to keep people safe from abuse and avoidable harm. Staff were confident about going to the registered manager or a senior and reporting anything that they felt was abuse.
- One person told us, "Yes I feel safe, the staff are nice." A relative said, "Safe care is provided by the staff as they understand [name] needs."
- The provider had a safeguarding procedure to follow and staff were trained to understand the signs of abuse and how to report incidents.
- Risk assessments had been completed to assess people's needs, and staff had the guidance and support needed to mitigate associated risks.
- All staff spoken with had a good knowledge of people's needs and risks. Staff were competent and knowledgeable and showed that they supported people to keep them safe.

Staffing levels

- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure that people's needs could be met.
- Staff were recruited safely, and all the appropriate pre-employment checks were carried out. This helped to ensure that suitable staff were employed to support vulnerable people.
- Staff we spoke to told us that there were enough staff employed at the home for them to be able to meet people's needs effectively. They also felt that they were well trained to do their jobs.

Using medicines safely

- Not everyone required support with medicine. People who did require support received their prescribed medicines at the right time and in the correct way. Medicines were recorded on MAR (Medication Administration Records) and these were signed and dated.
- Staff confirmed they had undertaken medication training and their competency to administer medicines was assessed by management. They said they felt confident in supporting people with their medicines and knew the procedure if there had been a medicines error. For example, if a person was given the wrong dosage they would contact 111 or 999 for advice as well as informing management.

- Where people were prescribed medicines 'as and when required' there were protocols in place to explain when and how the medicine should be taken.

Preventing and controlling infection

- All staff received training in infection prevention and control. There was information, available to staff, on how to prevent the spread of infection; for example, by hand washing. The home was clean and free from unpleasant smells.
- People said they were happy with the cleanliness at the complex and confirmed staff used PPE. Staff were provided with disposable gloves and aprons which they said were always available.
- The staff followed good infection control practices and used personal protective equipment such as disposable gloves and aprons to help prevent the spread of infections.

Learning lessons when things go wrong

- The registered manager asked for feedback from people using the service, their relatives and the staff. The information was then collated, and any improvements made in collaboration with those giving feedback.
- The registered manager dealt with all complaints. Action was taken and documented, and any lessons learned were also recorded.
- Incidents and accidents were reviewed to identify any learning which may help to prevent reoccurrence.
- Care plans and risk assessments were frequently reviewed, especially in respect of changes in people's health or decreases in their mobility.

Is the service effective?

Our findings

Effective – this means 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 requires improvement. At this inspection this key question has improved and is now rated 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

- Assessment of people's needs was comprehensive and expected outcomes identified. Care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people, and supported a good quality of life.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. One staff member told us, "The induction included a tour of the building, a weeks training which included medication, moving and handling and safeguarding, infection control and MCA (Mental Capacity Act). I did four weeks shadowing, which I requested as I had not worked in care before. This included shadowing experienced staff. I have completed the care certificate. The induction and training were helpful giving me an insight in to the role."
- Staff told us that they felt supported, staff had regular supervisions and support from the registered manager.

Supporting people to eat and drink enough with choice in a balanced diet

- The cook told us they consulted people when menu planning and had a good relationship with people. People had the option to purchase a meal from the restaurant or prepare their own food in their accommodation.
- One person was advised to have a soft diet and there was comprehensive information in the care planning regarding what that meant when preparing food and drinks.

Staff providing consistent, effective, timely care within and across organisations

- People were supported to see healthcare professionals including the GP, dentist, district nurses and speech and language specialist nurses. The service had engaged and developed good relationships with visiting professionals.
- Should people have the need to move between services, we saw there was a "grab sheet" that could be printed off, so people had the most up to date information on their health care needs.

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

- The communal rooms were spacious and had been purpose built to accommodate wheelchairs and other equipment which people need to use.

- The decoration was clean and crisp and we saw that there were games laid out for people to play should they wish.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of those who may lack the mental capacity to do so for themselves. The Act requires 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 interest 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 interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working with the principals of the MCA and whether any conditions on authorisation to deprive the person of their liberty was being met.

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure that decisions were taken in people's best interest.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives.

Is the service caring?

Our findings

Caring – this means 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

- People commented positively about staff and said that they were kind, caring and helpful. They also said that they respected their dignity and privacy.
- One person who we spoke with told us; "The staff respect my privacy and dignity. They are there for you if needed," Another person said "Staff will ask me if I want to have a bath, if I'm not feeling well I decline which staff respect and will support me with a bath another day."
- We heard staff talking people through tasks and they were very reassuring and patient. Staff showed good knowledge of individual needs and preferences.

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

- People told us that they were involved in decisions about their care planning and how they liked things to be done.
- People's needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- We saw in care plans, there was information regarding health conditions. In addition to this there was a comprehensive explanation about what that meant to the person. This helped staff to have a better understanding of people's healthcare needs.
- People had access to advocates who represented the interests of people who may find it difficult to be heard or express their views or opinions.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern about people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People had choice and control in their day to day lives. Staff were keen to offer opportunities for people to spend time as they chose and where they wanted.
- People's personal data and information was stored and managed securely, which protected their confidentiality.
- All staff working at the home were dementia friends and they were offered opportunities to have training in specialist areas such as care for specific health needs, to enable them to offer more tailored support.

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 requires improvement. At this inspection this key question has now improved to 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

- Care was personalised to meet people's needs. Care plans had very detailed information on an assessment which was regularly reviewed. This included a section on a person's background and interests.
- During the inspection we saw a hearing support service engaged in carrying out hearing aid repairs, we were told by the registered manager that the service visited on a regular basis.
- We saw that throughout the care plans there was information and guidance on complex health conditions which were helpful for staff to follow.

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.

- Information was available in different formats when required. We found this information on documents in the care plan advising that information was available in accessible formats.

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

- The registered manager frequently spoke with people and their relatives about the care provided and what they needed support with.
- We saw that there was information about activities and events on a notice board. People were encouraged to have relatives and friends to visit as and when they wished. Relatives and friends could also purchase a meal from the restaurant which they told us that they enjoyed.

Improving care quality in response to complaints or concerns

- The registered manager was able to show how complaints or concerns were managed, investigated and concluded. There was one complaint which had been resolved at the time of our inspection.
- People told us that they were aware of the complaints procedure and were confident management would listen to them if they had any concerns. A relative stated there was an issue with a staff member two years ago, they were happy with the way management dealt with the issue and the staff member was dealt with appropriately.
- People were encouraged to express their views and a complaints policy given to all people using the service which was available in accessible format when required.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. The registered manager was aware of the importance of developing end of life care plans with people when they were required. Staff received training and support in end of life care and the registered manager and staff talked to relatives about this and kept them informed, they also told us about increasing support and what steps they took with regards to keeping people comfortable.
- The registered manager told us how they had supported a family when their relative was at end of life. They worked with professionals including McMillan nurses to ensure a dignified and pain free 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 the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager showed clear evidence of a robust quality monitoring process for the home which was recorded. This included all aspects of the environment, staff supervision and appraisals and health and safety.
- Notifications were made in an accurate and timely manner and evidence was shown of learning from errors. The service had an open and transparent culture. People were supported by staff who were committed to providing good quality care to people.
- The staff we spoke to were enthusiastic about their work and felt that they were supported well by the manager.

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

- The service was well managed. People at all levels were clear about their roles and responsibilities and the registered manager and deputy manager were accountable for staff and further understood the importance of their roles.
- There was a system in place to monitor all incidents. This highlighted if appropriate action had been taken including sending notifications to external parties such as the local authority and statutory notifications to CQC.

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

- The manager was aware of the importance of understanding equality and diversity and protected characteristics. At the time of our inspection no-one using the service had protected characteristics, but some staff had.
- A relative said, "[registered manager] is a very good manager and has been marvellous. My family members health suddenly deteriorated, and the registered manager has been extremely supportive during this time. They took me to hospital to be with my family member whilst the other managers rang the family members. I cannot thank them enough."
- People's views on how the service was run were gathered by having regular meetings to discuss various aspects of the service.

Continuous learning and improving care

- The registered manager had learned from mistakes and kept staff informed of any changes that could affect people's care. Regular meetings were held with staff to discuss issues and to allow staff to have their say.
- The staff we spoke with said that they felt confident to raise any issues with the registered manager. They also said the staff in the home worked as a team and they all wanted what was best for the people using the service.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required. People had regular visits from healthcare professionals, who people told us, had a good relationship with the home.
- The registered manager explained that people using the service had a church service twice a month and they engaged with different religions in keeping with those using the service.