

Housing 21

Housing 21 – Oakwood Gardens and Mayfield Close

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:

Housing 21 – Oakwood Gardens and Mayfield Close provides care and support to adults living in specialist 'extra care' housing living with dementia, mental health, physical disability and sensory impairments. At the time of our inspection visit there were 38 people receiving care. The service consists of 74 two-bedroom flats, spread over two floors of a larger building with some communal services. In addition, there are 11, two-bedroom bungalows located nearby.

People's experience of using this service:

People felt safe using the service.

Staff recognised and managed the risks to people's health, safety and well-being and understood how to recognise and report abuse.

People received support from staff when needed.

Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support with their medicines. Regular checks were undertaken to ensure people received the correct medicines by staff who were competent to administer them.

Staff understood and practised infection control techniques and had access to protective equipment to promote this.

The manager ensured staff had training to meet people's needs and shared guidance with staff on how to do this effectively.

People were supported to have enough to eat and drink to maintain their well-being.

People were supported to obtain advice from healthcare professionals, which was incorporated into people's care.

Staff supported people in accordance with the Mental Capacity Act 2005.

People were treated with dignity and their independence was promoted wherever possible.

People were involved in planning their care with support from staff and were encouraged to take part in activities that reflected their interests.

People and their families understood how to complain if they wanted to.

There had been staffing changes since our last inspection and people were positive about the changes and improvements to the service.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

There were checks in place to ensure good standards of care were maintained.

Rating at last inspection:

The last inspection was a comprehensive inspection. The service was rated Good in all areas (report published 25 August 2016).

Why we inspected:

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up:

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

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

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 – Oakwood Gardens and Mayfield Close

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: There was one inspector in the inspection team.

Service and service type: Housing 21 – Oakwood Gardens and Mayfield Close 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. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. We also take into account any wider social care provided.

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. However, the registered manager had transferred to manage another of the provider's services in December 2018. A new manager had taken over at that time and was currently applying with us to become the new registered manager.

Notice of inspection: We gave the service two working days' notice, to ensure the manager and staff were available to talk with us when we visited.

Inspection site visit activity started and ended on 3 June 2019. We visited the services to see the manager

and staff, to gain peoples' views of the care they received and to review care records and policies and procedures.

What we did: We checked records held by Companies House. We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as alleged abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection: We spoke with the manager, an assistant care manager and three members of care staff. We spoke with four people who used the service and two relatives, to ask about their experience of the care provided. We also spoke with one health care professional about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors.

We reviewed a range of records. This included staff recruitment files, five people's care records and four people's medicine records. We also looked at records relating to the management of the service. These included systems for managing any complaints and compliments received and checks on the quality of care provided.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Most care plans guided staff on how to support people safely. We found some identified risks had not been properly assessed, for example, catheter care. However, care staff were able to explain how they supported people to ensure any risks to their safety were minimised and told us they had received training in this area. Some care plans contained limited information about specialist equipment people were supported to use. We discussed this with the manager and they told us they would review care plans to ensure appropriate risk management plans were in place for all identified risks and guidance for specialist equipment was clear, to keep people safe.
- Care plans included personal emergency evacuation plans, to ensure people could be supported to exit the building in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person explained they felt safe because they had a life line pendant which they could press if they had a concern and care staff would help them. The person's relative told us, "I am happy to leave (Person's name) now because I feel they are safe." Staff understood people's individual circumstances and how to keep them safe from harm.
- Staff had received training about the different types of abuse. Staff understood they could report their concerns to the manager and felt assured that these would be taken seriously.
- The manager understood their obligation to report their concerns to the relevant authorities and sent us statutory notifications to inform us of any events that placed people at risk.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed.
- The assistant care manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- Recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the manager of any events. The manager reviewed information to identify if any changes were required to people's care needs to keep them safe.

Preventing and controlling infection

- People told us care staff wore personal protective equipment when personal care was given. Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

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.

Good: 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 were assessed in their care plans. Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment and work with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. The manager ensured staff received specific training tailored to meet people's individual needs, such as diabetes awareness. A member of staff told us, "I am always willing to learn more if it improves the service."
- Staff told us they received supervision and feedback on their performance from their manager. One member of care staff explained there was a 'star board', where compliments given to staff were displayed. They told us this made the feel, "Motivated and supported."

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

- Some people received food and drinks prepared by care staff. Staff prepared meals in line with people's choices and made sure people had fluids in between care calls.

Staff working with other agencies to provide consistent, effective, timely care

- People had been referred to other healthcare professionals to promote their wellbeing, such as the occupational therapist for further advice.

Supporting people to live healthier lives, access healthcare services and support

- A health care professional we spoke with told us they had positive relationships with staff. They explained staff were good at seeking advice in a timely way, to support people's well-being.

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

- People were supported in their own homes located in a purpose-built building. The building was two storeys high and the first floor was accessible by stairs or lift. Hallways and doorways were wide enough to allow people to use specialist equipment. There were communal lounges, dining room, laundry room, hairdressers' room and beauty treatment room. There was a commercial kitchen currently operated by an external company as a café, selling meals six days a week. There was a large, well kept, communal garden, where people could spend time if they wished. This was accessible to people in wheelchairs because it was

level access.

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 with appropriate legal authority.
- Staff were working within the principles of the MCA. People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions.
- Best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- Staff obtained people's consent and supported people to make decisions in their best interest. One member of staff explained how they obtained consent by talking with people to make sure they understood the support they were receiving.

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.

Good: 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 and their relatives told us they felt staff cared about them. One person told us, "Staff look after me well, they're very good and caring."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff spoke confidently about how they supported people to make every day decisions about their care.
- Staff understood people's gestures and behaviours and knew how people preferred to communicate. One member of staff explained how they communicated with one person who had limited verbal communication skills. They told us they wrote things down for the person to help them understand. The manager explained they were in the process of making a board with pictures to support that person to remember their daily routine better.
- There were caring interactions between staff and people who used the service. The manager told us they always made time for a chat with people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us staff treated them in a dignified way and always made sure the door was shut before supporting them with personal care.
- The registered manager told us, "It's about getting the best for people and making sure they live life how they want to. They explained they were in the process of involving people and staff to work out some new values for the service, based around being open with people."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were positive about how responsive care staff were to their needs. People told us their care calls were nearly always on time. Two people said, "I have a settled routine and they are flexible with my care calls" and "My care calls are on time, they have very good timing...Staff always ask if they can do anything else for me."
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support. Care plans contained personalised information and gave direction to staff that was specific to each individual. A member of staff explained how one person's behaviour changed through the course of the day and explained how they adapted the way they supported the person to meet their needs.
- People's preferences were recorded in their care plans and staff had good knowledge of these. People told us staff knew them well.
- Staff supported some people with their social needs and encouraged them to join in different activities, some of which were organised by people who used the service. These included bingo, craft evenings, film evenings and visiting church services. The manager organised social events, such as coffee mornings, where they encouraged people to meet and talk to reduce any feelings of isolation. Staff planned some seasonal activities in the home, such as cooking Christmas dinner for people because the café was not open.
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented.
- The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were identified, recorded and highlighted in care plans. The manager told us if people needed information in particular formats, they would ensure these were made available.

Improving care quality in response to complaints or concerns

- We viewed records of complaints made about the service. Four complaints were made in the last 12 months and these had been investigated and responded to in accordance with the provider's policy.
- There was a complaints procedure which was accessible to people in a communal area.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- The manager explained what plans there were in place to support people at the end of their lives, should the event arise. They explained how care staff would be trained and would work alongside other organisations, such as GPs, to provide end of life care to people if required.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been a new senior management structure at the service since our last inspection and other staff recruitment. People spoke positively about how care staff had coped well with the changes. One person told us, "I've seen big differences in the management and staffing and this is the best it's been...the manager has developed the skills of new carers." The manager told us, "The main thing is getting on board with the residents and winning their trust."
- Staff told us they felt supported by each other and by senior managers. Care staff told us, "The manager has an open-door policy, people know them and they are always available to give advice"; "There is a positive working atmosphere...I can speak up if I have concerns" and "The manager here cares about everyone."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff.
- Information about key events were shared with the provider for review, to check the appropriate actions had been taken to keep people safe.

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

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- The manager understood their obligations for reporting important events or incidents to the CQC, in the absence of the registered manager and ensured these were completed in a timely manner.
- The manager was aware of their duties under the new general data protection regulations and information was kept securely.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. The latest survey was still being collated, however people's comments showed they were satisfied with the care they received. There was a resident meeting on the day of our visit. People were

encouraged to take part and make suggestions for improvements to the service. One person told us, "(Name of senior staff member) is good, they take on people's feedback."

- Staff were encouraged to share their experiences of the service and make suggestions for improvements at regular staff meetings with the manager. One member of staff explained how staff had suggested a new way of working to make the laundry system better, which had been implemented. There were also national meetings held by the provider for care staff to keep up to date with any changes in the organisation.

Continuous learning and improving care

- Checks were carried out by senior staff on a range of issues, including medicine records and care plans. The provider made additional checks of the quality of the service, which strengthened the quality assurance process. Records showed actions were taken to make improvements to the service, following the checks.
- Managers of the providers other services met regularly to share information about learning which had taken place and different ways of working. The manager told us they had been able to make suggestions for new ways of working to improve standards of care. They were committed to making improvements to the service and explained how they shared best practice with staff to develop their skills.

Working in partnership with others

- Staff worked collaboratively with other agencies to improve people's experience of care. These included local authority social work teams and health and social care professionals.