

Housing 21

Housing 21 – Gildacre Fields

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 – Gildacre Fields is an extra care housing scheme that provides personal care and support to people. At the time of the inspection the service supported 50 people.

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 and relatives spoke positively about the service and felt it was safe. People told us, "The staff really look after me" and "The carers are here if you need them." Risks were managed in a safe way. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs. Arrangements were in place for the safe administration of medicines. Staff were confident how to safeguard people from potential abuse and safeguarding alerts were raised in a timely way. The provider learned from previous accidents and incidents to reduce future risks.

People's needs were assessed before they started receiving support from the service. Staff received regular training and felt supported through scheduled supervisions and annual appraisals. People's nutritional needs were met and they had access to a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff treated people with dignity and respect. One person said, "The staff are very good, if I need anything, they are there. They always ring the door bell and let me know who is outside before entering" People were encouraged to maintain their independence where possible. Information about advocacy services was available for people. The manager told us they would support people to access appropriate advocacy services if they needed them.

People's plans of care were person-centred and detailed to inform staff how they wished to be supported. People and relatives knew how to raise any concerns, and any complaints received were fully investigated and subsequent action was taken.

People and relatives were happy with the service and felt it was managed well. The provider had an effective quality assurance process in place which included regular audits. People and relatives were regularly consulted about the quality of the service through surveys and meetings. Staff were involved in the ongoing development and improvement of the service through regular meetings.

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 4 May 2017).

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?

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 – Gildacre Fields

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 team was made up of 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

Housing 21 – Gildacre Fields is an extra care housing scheme. This service provides personal care to people living in their own bungalows and apartments within the scheme.

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. The RM had been recently promoted into a regional role but was still overseeing the service. A manager was in post to operate the service daily. They were in the process of applying to become registered with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity took place on 29 October 2019. We spoke with people who used the service and their family members, visited the office location and spoke with staff.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people and two relatives about their experience of the care provided. We spoke with six members of staff including the manager, two assistant care managers and three care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 and relatives told us the service was safe. Comments included, "The girls come in four times a day to look after me and that's why I'm safe here" and "[Family member] is safe as they are well cared for. The girls move [family member] around in the hoist and I have seen no problems when they do it."
- Staff received regular safeguarding training, were knowledgeable about people and felt confident protecting them from abuse. One staff member said, "If I was (suspicious of potential abuse), I would report it to the manager." Staff were aware of the whistleblowing procedure. They told us they would use it if necessary.
- Safeguarding alerts were raised with the local authority in a timely way, when required, and actioned accordingly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were assessed and managed.
- Accidents and incidents were appropriately recorded and included action taken to mitigate the risk of a reoccurrence. The manager analysed accidents and incidents to identify any trends or lessons learned.

Staffing and recruitment

- There were enough staff deployed to meet people's needs.
- The provider had an effective recruitment and selection policy and procedure in place. New staff were recruited safely, with all appropriate checks carried out prior to them working with people.

Using medicines safely

- Medicines were administered and managed safely. Comments included, "My tablets are kept in the flat and the girls make sure I take them when I need to" and "[Family member] has their tablets in the apartment under lock and key but the girls give [family member] their tablets in the morning, teatime and night."
- Staff received regular training and had their competency assessed to ensure they were safe and able to administer medicines.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff followed infection control measures including wearing gloves, when supporting people. Infection control measures were also incorporated into people's care plans.
- Checks were carried out to ensure staff were following the provider's infection prevention and control

policies and procedures correctly.

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

- Assessments were carried out before a person started using the service to ensure their individual needs could be effectively met.
- People's choices were included in their assessments and associated care plans. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff were trained and had the appropriate skills to care for people. Comments about staff included, "They look after me well", "They definitely know what they are doing" and "They definitely seem well trained to me, just by the way they look after my [family member] and move them with the hoist."
- New staff completed a comprehensive induction. This included training and shadowing of experienced staff.
- Staff received regular training to ensure they had the correct skills and knowledge to support people.
- Staff felt supported in their roles. They received regular supervisions and annual appraisals. Comments from staff included, "We have supervision every three months. (We talk about) if we've got any concerns, our progression and if we need any training" and "(They ask) if we feel we need any support."

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

- Staff supported some people by preparing their meals and drinks. One person said, "I just let the girls know what I want and they (cook) it for me."
- Care records detailed what support people required and if they had any specific dietary needs. For example, a soft, bite sized diet, as recommended by a speech and language therapist.

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

- People were supported to maintain their health and access a range of healthcare services. Some people relied on staff to make appointments with health professionals for them. Other people received support from relatives.
- Care records documented staff engagement with health professionals such as GP's, district nurses and speech and language therapists. Recommendations from health professionals were incorporated into people's care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity such as the safe storage of medicines.
- Care records detailed if people had an appointed Lasting Power of Attorney to make decisions on their behalf.
- Staff understood the principles of MCA. They had received training about this. One staff member told us, "We have done mental capacity training before and we're doing it again soon."

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 and a relative felt staff were caring and they were respected. One person said, "I can't find any faults with the staff; they are always helpful and always have a smile for me."
- Staff spoke about people with affection and empathy. They gave us examples when they had identified people were feeling low and gave them additional attention and support during those times, such as listening to their worries.

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

- People and their relatives were involved in the care planning process and care plan reviews. Comments included, "I usually speak to the carers every day and tell them if I need anything in particular and I feel they listen to me" and "I know I have a care plan which has all my needs written into it, for example, what they do for me in the morning and the night, things like that."
- The manager told us they would support people to access appropriate advocacy services, for independent advice and guidance if needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Comments included, "When they shower me, they really do try to help me not feel embarrassed" and "I need help to bathe but the staff give you a towel to cover up. I think they do respect me in that way."
- Staff told us, and care plans documented, how they protected people's dignity while supporting them. One staff member said, "If we're washing someone's top half (of their body) we cover their bottom half with a towel." They also told us they made sure doors and curtains were closed to protect people's privacy while providing personal care.
- Staff supported people to maintain their independence where possible. Staff provided people with the support they needed but encouraged them to do things for themselves, if they were safe and able to do so. Care plans detailed people's capabilities and what daily tasks they required support with.

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

- Care plans were in place for people which detailed their needs and how staff should support them with specific tasks. Care plans were person-centred and included people's preferences in relation to how they wished to be supported.
- People's plans of care were regularly reviewed and updated when their needs changed.

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.

- People were given information in a way they could understand and care plans described the appropriate methods staff needed to use to communicate effectively with individuals.

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

- Some people received one to one support from staff to mitigate the risk of social isolation. This included watching a film or keeping them company in their home and supporting a person to access the local community.

Improving care quality in response to complaints or concerns

- All complaints received had been investigated and appropriately actioned by the manager, to improve the service.
- People and their relatives had no complaints about the service but knew how to raise concerns if needed. Comments included, "I've never had to complain but, if I did, I would go straight to see the managers" and "I'm always visiting my [family member] and I haven't seen anything to complain about, if I did, I would report it to the office."

End of life care and support

- Care records contained details of any advanced decisions people had and prompted discussions about people's wishes in relation to end of life care. People's spiritual faith was recorded in care plans as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place.
- At the time of the inspection no one received end of life care.

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

- The manager fostered a positive culture which helped people reach their goals.
- People and relatives were happy with the service and believed it was well managed. Comments included, "It seems to be really well organised to me. I visit my [family member] just about every day."
- Staff felt empowered by the manager to provide 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager conducted themselves in an open and transparent way. They submitted statutory notifications to the Commission, in a timely manner for significant events that had occurred in the service, such as safeguarding incidents.
- The manager and staff understood their roles and responsibilities in relation to maintaining the quality and standards of the service.
- The provider and management team monitored the quality of the service to ensure people received a high standard of care. This included the completion of numerous scheduled audits.

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

- The provider, management team and staff worked in partnership with key stakeholders to achieve positive outcomes for people, such as GPs, speech and language therapists and social workers.
- People and relatives views of the service were gathered through regular meetings and surveys. All feedback received was analysed by the manager, and any identified actions were completed.
- Staff attended regular meetings to discuss the service and receive updates regarding the development of the quality or delivery of the service.