

Housing 21

Housing 21 – Hillside 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

Housing and Care 21- Hillside Court is an extra care housing scheme for older people, comprising of individual flats in one large building. The scheme had some communal areas, and an onsite restaurant. People who lived at the service had a separate care and tenancy agreement. At the time of our inspection, the service supported 25 people with personal care. Other people required support with social, domestic visits or welfare calls only.

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

People felt safe and protected from the risk of harm. People told us they received their medicines as prescribed. Staff completed medication training and their competency was checked. Staff described signs they would look for to identify abuse and records showed appropriate action was taken to safeguard people. There were sufficient numbers of staff who were safely recruited. They received a programme of support through training, supervision and appraisal.

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. People told us staff responded to their needs effectively and their preferences were known and respected by staff.

People were treated with dignity and respect. Staff were knowledgeable in the actions to take to maintain the privacy and dignity of people and described the actions they took to uphold this especially during personal care.

People's needs were assessed, and people received care which met their needs. People were satisfied with the quality of care they received. People knew how to complain, and any concerns raised were followed up to ensure a suitable outcome was reached for the person using the service. People were confident they could communicate how they felt to staff, who were approachable and listened to what they had to say.

Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences.

Rating at last inspection: The last rating for this service was good (published April 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.

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 exceptionally 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 – Hillside Court

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

This inspection was carried out by one inspector.

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 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.

Notice of inspection

This inspection was announced. 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 available to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We met with three people who received care from the service. This was to find out about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant care

manager and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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 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 confirmed they felt safe when staff visited them. One person told us, "Yes I do feel safe in the care of the staff. They reassure me". Another person told us, "The staff are very good. I trust them and feel in safe hands".
- Staff were trained in safeguarding and told us the action they needed to take if they witnessed or suspected abuse. This included referring to external agencies such as the local authority and CQC. One member of staff told us, "My manager is good at taking action. I would not hesitate to report any concerns".
- The registered manager was proactive in responding to any safeguarding concerns and took appropriate action.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about risks to people's health and well-being. They knew how to support people to encourage independence and promote their safety.
- There were environmental safety checks which addressed areas like fire safety and environmental risks for people and staff.
- Staff reported to management where they identified any other risks to people, measures were taken to communicate to all staff about the risks and how to mitigate these.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe. People and relatives verified that they or their family member received a reliable service. Where possible the service tried to send staff to people who were familiar with them.
- Staff recruitment procedures continued to be safe. Appropriate pre-employment checks were completed, and these included written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Using medicines safely

- The service had safe measures in place in respect of the management of medicines. Where people needed support with their medicines, the level of assistance they needed was assessed and detailed within people's support plans.
- Staff completed medicine records after administering medicines, these were returned to the office monthly and audited for completeness and correctness.

Preventing and controlling infection. Learning lessons when things go wrong

- The registered manager told us staff were provided with PPE (for example gloves and aprons) and staff we spoke with confirmed this. They were also aware of how to promote good infection control.
- Systems were in place to analyse accidents and incidents and to look at ways of preventing a reoccurrence.
- The registered manager completed a trends analysis to identify any patterns in relation to accident and incidents. They told us they had recently noticed that one person who had been diagnosed with long-term health condition had been slipping from their recliner chair on to the floor. When the assistant care manager spoke to the person to involve them in next steps, they spotted the person had a small pile of magazines under the table in front of the recliner chair. The staff member sourced a basket tray which hooked on to the table where the magazines were now stored. This eliminated the related risk of slips or falls.
- Safeguarding incidents were investigated, and action taken when necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a thorough assessment before receiving care from the service. The assessment included the full involvement of health and social care professionals to make sure the service being designed met people's needs. This included their diverse needs such as religion, culture and expressing their sexuality.
- Assessments were used to develop individual support plans. This was completed before people moved in to the service and received care and support.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge to support them. One person commented, "The staff seem well trained. They tell me they go on regular courses. They are all knowledgeable".
- New staff received an induction and worked alongside experienced staff, so they could get to know people and understand their role.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they received training relevant to their role and felt they had the skills needed to meet people's care and support needs.
- As well as mandatory training the staff also completed additional courses such as distance learning in a variety of subjects. They were able to choose the courses which interested them and the topics specific to people's health conditions. Individual training sessions were created for staff based on people's health conditions. An example of this included training in relation to autism, deaf awareness and alcohol awareness.
- Staff felt well supported and had supervision with one of the assistant care managers. Annual appraisals were planned and carried out with staff.
- As part of yearly appraisals, staff were asked to create one objective for themselves to work on during the year as well as their own individual champions role. The registered manager told us they had positive feedback from this and staff felt it has given them a goal to work towards. For example, two staff expressed they wanted to develop their skills to be able to apply for a management position. The registered manager put the staff through an assessment workshop to help build their confidence in preparation for their formal assessment. After the assessments both were invited to receive feedback and an informal action plan was created. Both staff felt this has given them the drive to learn more about legislation and expand their knowledge of the care sector and have greatly influenced the rest of the team.

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

- Staff worked with other agencies and supported people to arrange specialist health referrals when required. Any advice or guidance was incorporated in people's support plans.
- People's overall health and well-being was continuously monitored, and people received effective and timely care.
- The service worked with local agencies to obtain training and to seek advice and guidance from other services. An example included the local alcohol and drugs service. This enabled the staff have a better understanding when supporting people.

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 support plans guided staff to work within the principles of the MCA. It explained the least restrictive options and how staff should best communicate with people to gain consent.
- Staff asked for consent from people when providing care and support. People were supported and encouraged wherever possible to make their own decisions.
- Staff had received training on MCA and understood the importance of ensuring people's rights were protected. Staff were also aware of what to do if they had concerns about people's capacity to make decisions.

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

- There were warm and caring relationships between people and staff. People we spoke with told us, "The staff are fantastic and very caring" and "I like all of them. They are all caring".
- Staff promoted inclusion, equality and diversity. Staff understood people's differences or protected characteristics and the importance of people having a sense of belonging.
- People received care from staff who knew them well. Care and support was being provided by a consistent staff team who understood people's needs.

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

- The assistant care managers at the service overseen a group of people who received support from the service. Regular catch up meetings were held with people within each group. This was sometimes a general chat to discuss what was going well and not so well in their lives and to establish if there was any further support the service should be providing and for people to express the views of the service.
- People's care records contained evidence that people who received support had been fully involved with developing their support plans.

Respecting and promoting people's privacy, dignity and independence

- The assistant housing manager was the dignity champion at the service. They had registered with the national dignity council. The staff member held a dignity afternoon at the service to explain the role of the dignity champion. Time was set aside at resident meeting to discuss dignity related issues. A dignity tree was in place in the lounge, where people could write on leaves and place on the tree. This was in relation to how they are feeling and any comments or concerns they had.
- One person the service supported had limited mobility due to the effects from a past illness. They were not able to stand at the sink to wash and instead they received personal care in bed. There were some concerns around skin integrity and with the person's consent a weekly bath was included within their care package ensuring the persons hygiene would not decline. The person expressed how they enjoyed having their hair washed regularly. The staff began exploring equipment which would be suitable to use for washing hair while in bed and found an inflatable hair washing basin. This has enabled the person to feel confident and improve their wellbeing.
- One person mentioned to the staff that during the summer months, their key worker supported them to enjoy the gardens. They explained to staff that they were not strong enough to open the patio door independently and wished there was a way this could be achieved. The staff put in a referral for an occupational therapy assessment and explained the needs and desires of the person. The occupational

therapist completed an assessment and there were tears of joy when they heard there would be a suitable automatic door to enable them to access the gardens independently. We were told this was due to be fitted by the end of 2019.

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

- The registered manager told us each person had a keyworker which was a named member of staff. The staff took their keyworker roles very seriously and discussed their progression in areas such as social isolation, mental wellbeing, mobility and independence as well as any concerns. Before completing initial assessments with the registered manager looked at people's support plans to try and match them with a member of staff who would be able to relate to their likes and interests and would best suited to support them.
- Each person's key worker attended people's initial assessment with a manager. This helped to support the person transition to the service with consistent support from staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had a good understanding of this legislation and gave us an example of how the legislation was being implemented. We found other examples within the service where the provider ensured they communicated with people in a way they would understand.
- Some people the service supported were profoundly deaf or lived with a hearing impairment. One person was able to lip read and the staff were aware they were to speak clearly. Two other people the service supported used British Sign Language to communicate with staff.
- The registered manager told us that a British Sign Language interpreter attended review meetings to support some people. They also attended 'resident meetings' to support people to understand what was being discussed.
- Another person the service supported had autism. Pictorial methods of communication were used with the person.

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 service was involved with the deaf community and provided space within the building for monthly church services and coffee mornings. This was opened up to the people living at the service who were profoundly deaf, other people and members of the local community.
- The service had a memory board displayed in the dining area. People and staff were able to share memories of which school they went to, what they did when they were younger and where they went on

days out. We were told this helped the staff to plan activities and trips for people.

- People participated in a range of activities within the service which were organised by the staff team and the managers. A range of activities took place in 2019 so far which included a Halloween party, bingo, trip to a shopping centre, live music, fish and chip suppers and a memorable balloon release afternoon in memory of people's loved ones.
- We were told during monthly 'residents meetings' people were asked for ideas of what they would like to do and where they would like to go. One person said they missed going out on day trips and that they would love to go on a boat trip. The staff arranged a trip to Gloucester Quays with a boat trip and lunch on the waterfront. The registered manager told us the person was over joyed and when we returned home, they informed the staff it was such a lovely day, that she had been well looked after and it was something that they imagined that she would never do again.
- Another person told the staff they would love to see a cheetah, as they had never seen one. On researching, the service discovered a local wildlife park which kept cheetah`s. With support from the staff the trip was arranged. Since the person went on the trip they had engaged more with other people who been on the trips.

Improving care quality in response to complaints or concerns

- Complaints were investigated in a timely manner, to seek a positive resolution and shared with relevant personnel. We reviewed the complaints file and identified there had been five complaints in the last 12 months.
- People were provided with a copy of the complaint's procedure. This gave people clear guidance on how to raise a complaint, what to expect and what to do if unhappy with the outcome.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's wishes were discussed with them, and their families where appropriate.
- At the time of our inspection the service were not supporting any persons with 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 registered manager and the staff were committed to supporting a person-centred approach for people using the service. The provider promoted an ethos of openness and transparency which had been adopted by the management and staff team.
- The culture of the service was caring and focused on delivering care in a timely and effective way that met their needs. It was evident staff knew people well and put these values into practice.
- People and relatives told us the registered manager was visible, known to them and approachable.
- We asked the staff if they felt the service was well managed. Their comments included, "Yes very much so. The registered manager wants the best for people and us" and "The managers listen to us and are always willing to help us".
- Since the last inspection some staff members had become trained mental health first aiders. This was to enhance the wellbeing of staff. The registered manager told us the staff very much valued this role. One member of staff shared information with us that since they had become a mental health first aider. They had been approached by staff who required some support. Through investing time in the staff and signposting them to the appropriate services they were able to keep staff at work with support. Through the support from the trained staff they had supported people to return to work who had been off sick related to their mental health. Staff spoke very highly of the impact since the role was introduced.
- The registered manager told us SMILE was the acronym for values of the service. This stood for staff, motivation, involvement, leads and excellence. The staff team each wore smiley face badges and had a poster with the service's values on. We were told this has increased staff motivation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to past incidents and any complaints they had responded to.
- The registered manager told us that they only provided care to people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- The service was managed by a registered manager who had the support from two full and one part time

assistant care managers. The management team and staff worked well together to ensure people's lives were benefited by their input.

- The service had a positive ethos and an open culture. Staff were passionate about their roles and the people they were supporting. One member of staff commented, "We are a happy bunch of staff. The managers are supportive of us". Another commented, "I really like working here. Everybody is supportive of each other. We are a good team".
- The registered manager was supported by an area manager who visited regularly. Quality audits were carried out by the area manager to check the quality of the service.
- The management team monitored the quality of care delivered within the service on a regular basis. They had developed a rolling schedule of internal audits, which helped them to monitor the service. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People were sent annual surveys and were able to give feedback about the service they received. The last survey was carried out in June 2019 and results were positive. Comments from the survey included, "They help me and are nice people" and "They help me to achieve the independence that I want".
- As part of the quality assurance surveys, the staff team created their own questionnaires. Recently there was a change to onsite restaurant changed provider. A staff member took the time before and after their shift to sit with people and obtain honest feedback and ideas for the future. This gave the new restaurant provider practical guidance on what people would like. This was to create a more person centred approach to restaurant meals, activities and social events involving food and refreshments.
- The registered manager worked closely with the staff team and regularly communicated with them. The last staff meeting was carried out on 23 October 2019. This discussed staff updates, communication, training and activities and trips. Minutes of staff meetings showed how information was communicated with staff.
- We were told people and staff engagement was a large focus within the organisation. Senior management were involved in the engagement of staff and people. The registered manager's line manager attended staff and 'resident meetings' every quarter.

Continuous learning and improving care. Working in partnership with others

- The service worked with health and social care professionals to provide effective and consistent care for people. The registered manager attended forum meetings run by the local authority. They engaged at meetings with other registered managers.
- The service had a good working relationship with the local authority and commissioners.
- The service demonstrated they worked well with other agencies where needed, for example with people's GP surgeries.