

## Housing & Care 21

# Housing & Care 21 - Shearman Court

### Inspection report

Mill Hill  
Haverhill  
Suffolk  
CB9 8DE

Tel: 03701924015  
Website: [www.housing21.co.uk](http://www.housing21.co.uk)

Date of inspection visit:  
23 September 2016

Date of publication:  
10 March 2017

### 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

We carried out an unannounced inspection of this service on 23 September 2016.

The service provides personal care to people living in their own flats in a purpose built building. At the time of the inspection 66 people were living at the service, 31 of whom were supported with personal care. Everyone else who lived at the service managed their own needs independently, although some people made use of a daily welfare check. The service was set up to enable people to request and receive the amount of support they required as and when they needed it.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to safeguard people from harm. Staff had a good understanding of their responsibilities to report any matters of concern and were confident to do so. There were risk assessments in place that gave guidance to staff about how risks to people could be minimised.

The provider had robust recruitment processes in place to ensure as far as possible, that suitable staff were employed. There were sufficient skilled staff to provide safe care to people.

Staff received supervision and support, and had training to enable them to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided.

The service did not provide meals although staff supported people to prepare meals where this was part of their care package. People were supported to access other health and social care services if required.

People's needs had been assessed, and care plans took account of their individual needs, preferences and choices. There was a range of events and activities offered within the communal areas of the building which were based on people's interests. People had good links with the local community and there was good information provided to people to enable them to know what events were available.

The provider encouraged feedback from people and acted on the comments received to improve the quality of the service. The provider had a formal process for handling complaints and there were effective systems in place to monitor the quality of the service.

## 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.

There were systems in place to safeguard people from harm.

There were effective recruitment systems in place and there was sufficient skilled staff to support people safely.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were asked for their consent before any care was provided.

People were supported by well trained staff who knew their needs well.

People were supported to access health and social care services when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and respectful.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

There was a wide range of activities on offer and people were provided with good information about activities and events taking place in the local community.

The provider had an effective system to handle complaints.

### **Is the service well-led?**

The service was well-led.

The registered manager promoted a person-centred culture within the service and staff understood their roles and responsibilities when supporting people in meeting their needs.

Staff felt supported and well managed by their immediate management team, but felt that the wider provider organisation did not always support them as much as they would like.

People who used the service were encouraged to share their experiences of the service.

Quality monitoring audits were carried out regularly and the findings were used to drive improvements.

**Good** ●

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 23 September 2016, and it was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with four people who used the service, the registered manager, a team leader and two support workers. We looked at the care records for five people who used the service, the recruitment and supervision records for four staff and the system for recording training for all the staff employed by the service. We also reviewed information on how the provider handled complaints and how they assessed and monitored the quality of the service.

## Our findings

People told us they felt safe at the service. One person said, "It's lovely here. We feel safe and part of a community." Another person said, "Yes, I do feel safe. I have a bleep to call for help if I need it."

Staff had received training in safeguarding people. They demonstrated good understanding of different types of abuse and the signs they should look for which may indicate that someone could be at risk of possible harm. They were able to tell us about other organisations they could report concerns to but lacked clarity about when concerns should be reported to agencies outside of the provider organisation. They did tell us however, that they would always report their concerns to a senior member of staff.

There were personalised risk assessments for each person in relation to areas where people were more at risk. The risk assessments included where people were supported with their mobility, where there may be a risk of a person falling and with taking medicines. The assessments identified the likelihood and the severity of the risk, and gave clear guidance to staff about the measures that must be in place to reduce the chance of harm occurring. People's care records contained personal emergency evacuation plans (PEEP) which gave staff guidance about how people could be evacuated safely in the event of an emergency.

There were enough staff to meet people's needs safely. A team of three staff was on duty at all times during the day and there was one member of staff on duty at night. The management team was available during office hours and provided on call management support during evenings and weekends. Some people who lived in the building did not require support with their personal care, but they could request this service if they required it in the future. Therefore, this level of staffing was sufficient to provide assistance to those people who required it.

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including requesting references from previous employers, proof of the applicants' identity, confirmation of their right to work in this country, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People's medicines were managed and administered safely. People who required support from staff to take their medicines were assessed to establish the degree of support they required. Care was tailored to meet their needs, whilst also respecting their wishes to do as much as possible for themselves. Staff who administered medicines received training and their competence to do so safely was assessed annually. We

looked at the medicine administration records (MAR) for five people who received support from staff to take their medicines and found these were completed correctly with no errors or omissions.

## Our findings

People were positive about the skills of staff who supported them. One person said "It's lovely here and I'm happy. The staff are good at their jobs and they are all lovely." Another person said, "They all seem to know what they are doing and from what I can tell, they do a lot of training. They get supervised properly by their seniors."

The provider had a comprehensive training programme and an induction process for all new staff. This included a period of shadowing more experienced staff before taking up full duties on shift. A member of staff told us, "I'm working on my own now, but I did have five shifts shadowing colleagues until I felt confident. The Induction was really good. [Manager's name] is very detailed. I'm still asking loads of questions but she doesn't mind at all. It's really supportive here." There was an electronic training record at the service which was accessed by the manager to monitor training. Each member of staff had an individual password to the system to enable them to access their own training records, book face to face training and complete e-learning courses. The manager was qualified to deliver some training. For example, she provided the team with manual handling training which she was able to tailor specifically to the needs of the people living at Shearman Court.

Staff told us they received regular supervision and an appraisal once a year and there was evidence of this in the staff records we looked at. They told us that supervision supported them to do their job well, gave them time to talk about any issues affecting their work and to identify their training and development needs. One member of staff said, " Yes, supervision happens and I find it useful. I can ask questions if I'm not sure about anything or ask for training that I think would be useful."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had completed training in the MCA and it's application within their work setting. All the staff we spoke with had a sufficient understanding of this legislation and ensured that they sought people's consent before care was provided. They also understood that if a person was assessed as lacking the capacity to make a particular decision for themselves, a documented process for making the decision in the person's best interests would be followed. We saw that this process had been appropriately followed where a decision about medicines had been made in one person's best interest.

Food was not provided by the service, although some people received support to prepare meals when this was part of their care package. One person told us, "They help me with whatever I might need done. Yes, they give me a hand with lunch and sometimes make me a sandwich." We saw that support plans provided very clear guidance to staff about what support was to be offered to people in relation to their nutritional needs and preferences.

We saw there was information on display in the communal areas of the building to inform people about local healthcare services such as opticians, dentists and chiropodists. Some people who lived at Shearman's Court managed their health care appointments independently, although support from staff was available upon request. People had an emergency call bell or pendant which they could activate to call for assistance if they felt unwell or needed support.

## Our findings

Each person we spoke with told us staff treated them with kindness and respect. Comments included, "These girls are lovely, all lovely. They look after me so well. I've been here for years and never had anything bad to say about any of them." and, "They are all kind. I see lots of different ones and they are all nice." During our inspection we saw staff interacted positively with the people they were supporting and that conversations were friendly and warm.

Staff we spoke with were motivated and passionate about supporting people in the right way. A member of staff said, "I always try to make the person feel at ease. It's important to respect how they want things done and how they want you to support them. Another member of staff said "Being happy and smiley goes a long way. I try to imagine myself in their position."

People told us they had been involved in the planning of their care. One person said, "Yes I'm happy that I make decisions about what I need." Care records showed that people were involved in making decisions about how their care was delivered and when they wanted it.

Staff told us that when they supported people, they ensured the individual's privacy and dignity was respected and gave examples of them closing doors, pulling curtains, seeking people's consent and explaining what they were doing. People confirmed that staff were respectful when assisting them with personal care. One person said, "They never make me feel awkward, you know?" A member of staff demonstrated they recognised that people may feel uncomfortable when being supported with personal care and said, "I always keep chatting away and make light of things that may make them feel uncomfortable. I try to distract them from what we are doing so that it doesn't feel embarrassing for them." We saw from records that people were given a choice if they preferred male or female staff to support them.

The manager and staff understood the need to ensure people's personal details and records were kept confidential. Staff told us that any sensitive issues were always discussed in private so that conversations were not overheard. During the inspection we observed staff respecting people's privacy and confidentiality, including going to the person's apartment to discuss issues rather than talking in the hallway.

Information about the service was available to people and on display throughout the communal areas. We noted that people who used the service did not require this to be given to them in alternative formats as they told us that they were able to read and understand all of the information available to them.



## Our findings

An assessment was completed before people came to Shearman Court to ensure the service could meet their needs. Following the assessment, a personalised support plan was developed which outlined the person's needs and how staff were to support them. The support plans we looked at were very detailed and gave staff clear guidance, not just about the person's needs, but also gave specific information about their preferences for how support should be delivered. There was evidence that support plans were reviewed regularly or when people's needs changed and people told us they were involved in this process. One person said, "Yes, if something new crops up I can talk to them about changing times or things I want done."

Staff told us they got to know people's needs very well and each person was treated as an individual so that they received the care they expected and wanted. This was evident in our conversations with staff, as they were able to tell us about the needs of individual people they supported.

People told us they were able to pursue their interests and hobbies and be involved in activities that were meaningful to them. One person told us, "We have our dogs with us. We couldn't be without them so it was good to go somewhere they could come too." Another person said, "I like helping out and being involved. I help the ladies put chairs out for lunch club and things like that."

The service provided a range of activities which people were able to take part in if they wished. These included events such as trips out, fish and chip suppers, party nights, play your cards right, clothes sales and shopping or lunch out. A group of people living at the service had also organised a lunch club, film shows, a fitness class and a gardening club. The service provided a lot of information about events taking place locally such as those organised by nearby churches and the salvation army.

The provider had an up to date complaints policy and people were aware of how to complain should the need arise. The manager kept a log of complaints made and we saw that the policy for responding to complaints was appropriately followed. The manager also kept a record of compliments received by the service and we saw these were shared with staff.

## Our findings

The service had a registered manager. People we spoke with knew who the manager was and felt she was approachable and that she provided strong leadership. One person said, "I don't see the office staff much, but they are always friendly if I see them and I know where to find them if I need anything."

There were regular 'tenants meetings' held to enable people to share their views and a regular newsletter told them of news and events of interest. A satisfaction survey was carried out annually by the provider to gain feedback about the service provided. Feedback from the most recent survey showed a high level of satisfaction with the service.

We saw that regular team meetings were held for staff to discuss issues relevant to their roles so that they provided care which met people's needs safely and effectively. Staff told us the registered manager and the immediate management team were helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. One member of staff said, "My immediate managers that are based here are fantastic. They are really approachable and support us well." However, some staff said the provider's senior management team were not as visible to staff as they would like and that communication and support from the head office was lacking.

Staff we spoke with understood the provider's values. One member of staff said, "The service is different depending on what each individual person needs and wants. We build our approach round the person."

There was a robust quality assurance system in place to identify improvements and areas for development in the service. The manager carried out regular audits of the service, including checks on care plans, medicines, admissions, and complaints. We saw that the registered manager carried out regular spot checks to monitor staff practice, including night checks. The provider had recently carried out an annual audit of the service which would provide a thorough overview of the service. The report for this year's audit had not been received at the time of our visit. However, the registered manager shared with us an overview of the action points generated from the audit and was able to demonstrate that she had already taken action to address some of the required improvements to the service. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.

