

## Housing 21

# Housing 21 – Shearman Court

### Inspection report

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29 July 2019

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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 – Shearman Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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. At the time of our visit there were 11 people in receipt of the regulated activity of personal care.

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

People were happy with the service they received from Housing and Care 21 – Sherman Court. People complimented the continuity of their care which was provided by skilled and competent staff.

There were enough safely recruited staff to make sure that people had their needs met in a timely manner.

People felt safe when receiving care. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people's health and welfare had been identified, assessments were in place and action had been taken to manage and reduce these risks.

People were involved in planning their own care and their care plans reflected their individual needs and choices.

People received their medicine as prescribed and were supported to access health services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported by staff who had received training and support to carry out their job roles effectively. Staff spoke positively about the support they received from the registered manager.

Information from audits, incidents and quality checks were used to drive continuous improvements to the service people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 10 March 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 – Shearman 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

The inspection was carried out by an inspector, an assistant inspector and 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to make arrangements to meet people to seek their feedback.

Inspection site visit activity started on 12 July 2019 and ended on 29 July 2019 provided feedback to the registered manager. It included a visit to the provider's office location on 12 July 2019 to meet with people using the service, the provider and staff and to review care plans and other records.

#### 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 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.

The service had a manager registered with the Care Quality Commission. A registered manager, along with the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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. 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.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff, including the assistant care manager. We also spoke with the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We also viewed a variety of records relating to the management of the service, including policies and procedures as well as training data and quality assurance records.

#### After the inspection

In the following days we left CQC contact details for additional staff and relatives of people who used the service to contact us with feedback, however we received no responses.

# 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 felt safe receiving support from care staff. One person told us, "I feel very safe with them. They've never hurt me. I wouldn't have got to where I am now without their support." Another person commented, "I feel very safe here. There are people around 24/7 if you need them and I'm never on my own." A third person commented, "They do an early morning ring round each day to check you're alright and I like that."
- People were supported by staff who received training in safeguarding and were knowledgeable about the different types of abuse and how to report them.
- The provider had effective safeguarding systems, policies and procedures.

Assessing risk, safety monitoring and management

- Risks to people's well-being had been assessed and staff knew how to follow guidelines and take actions to help keep people safe.
- Each person's care record included assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors.

Staffing and recruitment

- People continued to be supported by enough staff to meet their needs with any sickness or leave hours picked up as extra work by existing staff. On the day of our visit to the office some staff were away from work unwell, however the registered manager and assistant manager stepped in to provide people's care.
- One person said, "I think they have been short staffed for a bit because I'm aware of the [staff] doing extra hours. They help each other and I think it's good teamwork." Another person commented, "They're a bit short staffed today, but normally I think there's enough staff on. They're usually on time or thereabouts in a morning and if they going to be late they let me know." A third person told us, "If you press the buzzer and it's an emergency they'll come straight away; if it's not urgent they'll come as quick as they can." A fourth person added, "I've fallen a few times and when I've pressed the buzzer they come very quickly."
- Recruitment practices ensured the relevant checks on new staff were completed before they worked with people in their homes.

Using medicines safely

- People received the level of support they wanted and needed with their medicines. One person commented, "They make sure I take the right tablets and check I've taken them." Another person told us, "I still do my own medications because I can. I hang on to my independence and they respect that."
- The registered manager had systems and processes in place to make sure people received their medicines as they had been prescribed. The registered manager made checks on the medicines administered by staff,

so they could be assured people received these as prescribed.

#### Preventing and controlling infection

- The service had measures in place to manage the control and prevention of infections well.
- Staff were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included disposable gloves and aprons.

#### Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, or near misses.



## 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 now 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's needs were assessed in line with best practice and guidance, so the provider could be confident they could meet people's needs.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.
- Records showed that care plans were regularly reviewed and most had been updated to reflect care delivery.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and experienced. One person told us, "I feel confident with all of them [staff]. The new ones are always shadowed, and they train them up well." Another person commented, "[Registered manager] is 'red hot' on training, it's very good."
- New staff were supported through induction and training programmes to ensure they had the skills they needed to carry out their job role.
- Supervisions and appraisals continued to be carried out with staff to ensure that they had the support and development they needed to care for people.

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

- People were happy with the support they had with their meals and accessing drinks. Staff understood the importance of making sure people had adequate hydration. People told us that staff offered them drinks and left them within their reach before leaving.
- Information was recorded in people's care plans to inform staff of the level of support required in relation to eating and drinking. For example, we read in one person's care plan exactly what help they needed from staff to access their oven and cooking facilities.

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

- People were supported to manage and maintain their health. Where necessary, staff supported people with arranging healthcare appointments.
- Staff observed and monitored people's health and well-being and communicated effectively within the staff team to ensure people's health needs were met.

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

- The provider had a clear process for obtaining consent before care and treatment was provided. Care plans showed people had signed to consent to their care.
- People told us the staff sought their consent and involved them in day to day decisions about their care. One person commented, "If there's anything new that they're going to do that they don't normally do they explain what needs to be done and check with me that I'm alright about it." Another person told us, "The staff always ask me before doing something like, 'Can I suggest you do this.' or 'Would you like me to open your curtains for you?' rather than just doing it."
- Staff had received training in the MCA and understood their responsibilities and what actions they should take to make sure decisions were taken in people's best interests.

# 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 continued to be supported by staff who treated them with respect and who were kind and caring. One person told us, "I'd describe the carers as friendly, kind and compassionate. We have a laugh together and I get on well with all of them." Another person commented, "The carers are fantastic. I can talk to them about anything. They know my needs; they listen, and they do it." A third person said, "The staff are very nice and helpful. They're always asking if they can do anything for you."

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

- Care plans were up to date and demonstrated that people had been fully involved in discussions about how they wished to receive their care and support.
- People held up to date copies of their care plans in their own flats, so they could access them and check for accurate information. One person told us, "I know all about my care plans. We have a review every six months and go over it together." Another person said, "I look at it [care plan] regularly and in fact we're [person and staff] just about to update it."
- Relatives said they were informed about developments in the service and that they felt involved. One relative said, "We get a regular newsletter and I feel we're kept in touch. We can always talk to the [registered] manager if we need to."

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with dignity and respect. Staff addressed people by their preferred name and were always polite and respectful when in their company. One person said, "The carers are all very good and they're always respectful." Another person told us, "They're very kind and they're always respectful even when they're having a laugh with you." A relative commented, "The carers are really good. They're always polite and have a laugh and a joke which [family member] likes a lot."
- People's care plans contained detailed information about their life histories from childhood through to employment and significant life events which helped staff to understand the person and what was important to them.
- Staff were aware of the importance of maintaining people's privacy and dignity especially when helping someone with personal care.
- Staff were supportive in helping people to remain as independent as possible and ensure people were offered choice and control in their day to day lives. One person commented, "They do their best to support me being as independent as possible."

# 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

- People told us their individual needs and preferences were met and that staff were very responsive to them.
- Care plans continued to be personalised to the individual and included details about each person's specific needs and their preferences about how they liked to be supported. One person told us, "They [staff] are so kind to me. They know me better than I know myself."
- People were supported and empowered to have as much control and independence as possible. This included taking an instrumental role in the development and update of their care and support plans.

Meeting people's communication needs

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

- Information for people in relation to the delivery of their care was provided in different formats if required. The registered manager told us, "We print the newsletter for one person in a bold print and we enlarge it. We have a sign on the noticeboard for people informing them they can have any document in an alternative format."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent manner. One person said, "I've no concerns, but if I had any I would talk to one of the carers and then go to [registered manager] and she would definitely sort out any problem." Another person told us, "If I had a complaint I would go straight to [registered manager]. I did have a problem a while ago and I went to [registered manager] and she sorted it out."
- Records showed any comments or complaints received about the care service had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence.

End of life care and support

- No-one using the service was receiving end of life care at the time of our inspection.
- Systems were in place to support people who may need palliative care. The registered manager described the care and support they had given to people at the end of their lives; and the liaison with other health and care professionals such as people's GPs and community nurses. This enabled people to stay in their own home for as long as possible whilst still receiving the care and support they required.

# 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

- People spoke highly of the registered manager and their leadership. One person told us, "She has a big workload here, but she's always got time for everybody. She's a very good listener." Another person commented, "I could talk to [registered manager] or [deputy manager] if I needed to; both are very good. I've confidence in them." A relative said, "They have good staff and good management and I think it's run well."
- The registered manager was a clear leader who led by example. She also frequently undertook the provision of care to people and as a result knew them well.
- Staff spoke positively about working for the provider and told us they felt supported by a registered manager who was approachable. One member of staff said, "Working for [registered manager] is lovely and I find her a great boss."
- Staff knew people and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people.

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 told us they weren't fully confident with their understanding of duty of candour. However, after discussion and from looking at the records and investigations into any complaint or accidents, the registered manager was meeting the requirements of this legislation and was open and honest about the care and support people received.
- The registered manager had an open-door policy. Staff confirmed they always felt able to speak to the registered manager, deputy or the provider.
- Staff understood about whistleblowing and knew how they could raise concerns externally of the service if they felt they were not being listened to or their concerns acted upon.

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

- The service had a range of quality monitoring arrangements in place, which enabled the registered manager to identify if and where improvements were needed.
- Staff strived to ensure care was delivered in the way people needed and wanted it. Staff felt respected and valued and told us they were fairly treated.
- The registered manager continued to be supported by the provider through site visits and the opportunity to attend provider management meetings where peer support was available.

- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

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

- Opportunities continued to be available for people to comment on their experience of their care. A formal survey looking at people's views on the service was completed annually. Questions considered whether people felt listened to and if they had any suggestions to improve practice and their care. Actions were taken in response to people's feedback and the overall aim of the survey was to promote an open and transparent culture.

- Regular quality monitoring visits were undertaken to seek people's feedback about their care and the staff that supported them. Visits referred to as 'support plan and service reviews' were carried out. This enabled the registered manager to ensure appropriate action was taken based on people's experiences and feedback.

Continuous learning and improving care

- The quality assurance systems included checks carried out by staff, the registered manager and the provider to support the continued improvement of care.

- Information gathered from audits, reviews of incidents and accidents, complaints and surveys were used to develop the service and make any necessary improvements. After incidents the registered manager completed a 'lessons learned' exercise with the staff at a team meeting. Discussions included what the team had done well and actions for improvements as well as consideration to a likelihood of recurrence.

Working in partnership with others

- The registered manager and staff continued to work with other professionals to ensure people received joined up care. This helped to make sure that people received support in a timely way.