

Housing 21

Housing 21 – Greenrod Place

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 – Greenrod Place is an extra care housing scheme. The scheme provides 31 one-bedroom and seven two-bedroom flats to rent and five two-bedroom flats to buy through shared ownership. People received support with their personal care, support with medicines, food shopping and cleaning. People can also be visited by care workers from other external providers. At the time of the inspection 37 people were receiving support with personal care.

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

Care workers administered people's medicines in a safe way and as prescribed. People told us they felt safe when receiving care. There was a process to investigate any concerns regarding the care provided.

The provider had processes in place for the recording and investigation of incidents and accidents.

Risk management plans were in place providing care workers with guidance on how to minimise risks for people using the service.

There was a robust recruitment process and there were enough care workers deployed to provide support based upon the care needs of people.

Care workers received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

Detailed assessments of a person's needs were completed before they moved into the extra care scheme. The care plans described the care and support a person required and how they wanted it to be provided.

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 were supported to eat a healthy diet and to access healthcare professionals when required.

The provider had a complaints process in place and people told us they knew what to do if they wished to raise any concerns.

People using the service were supported to access the community to reduce the risk of social isolation.

There was a range of quality assurance processes in place to identify if any actions were required to improve the service. People using the service and staff felt the service was well-led.

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 20 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Housing 21 – Greenrod Place

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 undertaken 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 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. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

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 who worked with this 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 two people who used the service about their experiences of the care provided. We spoke with the registered manager, an assistant care manager and two care workers. We reviewed a range of records including four people's care plans and multiple medication records. We reviewed four staff files in relation to recruitment, supervision and training. We also looked at a variety of records relating to the management of the service including audits, policies and procedures.

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 now 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 we spoke with told us they felt safe when they received care and support from the care workers who visited them.
- The provider had a process for responding to any concerns relating to the care and support provided. Contact details for the local authority safeguarding teams were made available for care workers should they need to report any concerns.
- We looked at the records for four safeguarding concerns which included copies of the initial issue, any investigation undertaken, correspondence with the local authority and the outcome with any action taken to reduce reoccurrence. This demonstrated the provider was acting in accordance with their safeguarding procedure.

Assessing risk, safety monitoring and management

- During the inspection we saw when a specific risk was identified during the initial need's assessment, the relevant risk assessment was completed. A risk management plan which included guidance for care workers on how to reduce possible risks when providing care, was included as part of the care plans, for example use of a catheter.
- Other risk assessments had been completed for each person included falls and assisted moving. Environmental risk assessments were also completed covering cleaning and equipment.
- Personal emergency evacuation plans (PEEPs) had been developed for each person. These plans identified if each person required assistance to leave the building in the event of an emergency and any equipment such as a wheelchair.
- The registered manager had arranged for London Fire Brigade to visit people who smoked in their flats to ensure appropriate fire protection was in place.

Staffing and recruitment

- People told us they felt there were enough care workers on duty and even though care workers were sometimes busy they could still spend time with them to chat. The number of care workers required to support each person was identified at the initial needs assessment and regularly reviewed in case of a change in the person's care needs. There were seven care workers on duty in the morning, two care workers in the afternoon and five care workers in the evening. There was one care worker on duty overnight.
- The provider had a robust recruitment process in place to ensure care workers had the appropriate skills and knowledge to provide care in a safe manner.
- We saw the employment records for four care workers. The provider's recruitment processes were followed with a full employment history, a record of the applicant's qualifications and two references being

obtained from previous employers.

Using medicines safely

- The provider had processes to ensure medicines were managed and administered in a safe way and as prescribed. A risk assessment had been completed for each person who had their medicines administered by care workers.
- The medicines administration records (MAR) we reviewed included a list of the medicines included in the blister pack, the dosages, how often they should be taken and the time they were administered by care workers.
- Medicines which were prescribed to be taken when required (PRN) were recorded on a separate MAR chart and care workers had guidance on when these should be administered.

Preventing and controlling infection

- Care plans identified if a person required support with maintaining the cleanliness of their flat.. Care workers had completed training on infection control as part of their induction and regular mandatory training refresher courses.
- Care workers were provided with personal protective equipment (PPE) to use which included aprons and gloves.

Learning lessons when things go wrong

- The provider had a process for recording and investigating any incidents and accidents that may occur. A form was completed identifying the type of incident, for example a medicines administration error, the details of the outcomes of any investigations and the actions taken at the time of the incident and later to reduce it happening again.
- Care plans and risk assessments were reviewed to reflect any changes in the persons' support needs 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 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 care and support needs were assessed before the person moved into the extra care scheme to ensure their care needs could be met by the service. People were also encouraged to visit the scheme with their relatives/representatives and meet people that already lived there.
- The information from the need's assessment and the local authority referral was used to develop the person's care plans and risk assessments.

Staff support: induction, training, skills and experience

- People told us they felt the care workers had appropriate training to meet their care and support needs.
- Care workers had completed a range of training identified as mandatory by the provider. These included safeguarding, medicines administration and infection control. Competency assessment to assess the care workers skills were carried out for aspects of the care provided including medicines and assisted moving. This was confirmed by the care workers we spoke with.
- Records showed care workers had regular supervision meetings with their line manager. Spot checks were also carried out to monitor the quality of the care provided by care workers.

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

- People's care plans included information on how care workers could support them with making and eating food and drinks. Care workers were provided with guidance if the person had any specific requirement in relation to their diet, for example diabetes or religious needs. One person said "The care workers help me when I need it to get meals."
- Where care workers provided support with nutrition, the care plan included information on the person's preferences for food and drink. Care workers had completed training for nutrition and food hygiene.
- People could also choose to eat lunch in a restaurant located in the lounge on the ground floor. Care workers supported people to access the restaurant.

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 access healthcare professionals and people we spoke with confirmed care workers helped them make appointments with the GP or other healthcare professional when required. The registered manager explained they worked closely with people's GP's, district nurses, dieticians, opticians and chiropodists to meet people's health needs. There were weekly meetings with the GP to discuss any issues with people's health.

- The registered manager told us they were trying to identify a dentist who would be willing to visit people who were unable to get to the dental practice in their own home.
- The care plans included information about the person's medical history and which healthcare professionals were involved in their care.

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.

- Where a needs assessment had identified the person might not be able to consent to their care, a mental capacity assessment was completed. This identified if the person was able to understand, retain and make a decision based on the information about their care which was provided.
- If a mental capacity assessment identified the person was unable to consent to an aspect of their care a best interest decision was recorded describing how care workers should support the person.
- People told us the care workers asked their permission before they started to provide care and made sure they knew what was going to happen. Care workers we spoke with demonstrated a good understanding of the principles of the MCA and how they could support people with making decisions about their care.

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 now 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 we spoke with told us they were happy with the care they received. Their comments included "The care is great, superb no matter which care worker it is" and "For all the staff I don't have a bad word to say about any of them."
- Care plans identified the person's preferred name as well as their religious and cultural preferences. The registered manager told us they supported people to access their faith community with representatives visiting people in their home. They were looking at developing a multi faith room which can be used by people living at the extra care scheme.
- The registered manager explained they identified people's protected characteristics and had identified support groups for people in the past when the person had asked for support. The registered manager said, "We embrace any differences between people we provide care for."

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

- People confirmed they had been involved in the development of their care plans and if any changes had been made. One person said "They came and asked me what care I wanted and needed. There is a care plan."
- We saw care workers supported people to make decisions about what they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People told us care workers respected their privacy and treated them with dignity. People told us "They respect me when they help me. They tell me what they are doing" and "They come in and help me and then they always sit and have a chat. They make the time."
- Care workers we spoke with demonstrated they had an understanding of the importance of maintaining people's dignity and supporting people to be independent. One care worker said "I give them choice and ask people for permission to support them. Closing the door and curtains and keeping information confidential maintains their privacy."
- The registered manager explained care workers supported people to be as independent as possible. They told us that staff supported a person who moved into the extra care scheme to purchase furniture. They also provided support in their own time to help the person attend appointments. The person had experienced social isolation in the past and the care workers supported them to meet other people at the scheme and get involved in activities. The person is now happy living at the extra care scheme.
- Care workers supported another person to set up their mobile telephone and add their favourite music on

the phone. The person can now contact their relatives more easily as well as listen to their favourite music.

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 now 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 identified how people wanted their care provided. This information included how the person wanted their personal care provided, if medicines were to be administered and if the person needed help with making and/or eating meals.
- The care plans and risk assessments were regularly reviewed to ensure the information provided an accurate view of people's care needs.
- The records of the care provided were completed by care workers after each visit. These records included information about interaction between the care worker and the person, their experience of the care as well as what care had been provided.

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's care plans identified if they had any visual and hearing issues which may affect their ability to communicate and how care workers could support the person.
- The registered manager explained information could be provided for people in different languages, large print, braille and as an audio version to meet their needs.
- Some of the care workers had received training in Makaton to support one person and a book of images related to care had been developed to aid communication. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

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

- People receiving support told us there were a lot of different activities which were held in the communal lounge and care workers assisted them to take part in any activities they wished and they enjoyed the activities they took part in.
- A care worker, who also helped organise activities told us "There is a coffee morning on a Monday so enable people to catch up on what other people did over the weekend. People read newspapers, there are arts and craft sessions including knitting and baking. What we bake is eaten for afternoon tea."
- People were kept informed of what activities were planned that week and during the inspection we saw a Christmas party had been arranged with an Elvis impersonator. We saw care workers were encouraging

people to attend this event and organising what support they may need to do this.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise any concerns or complaints with the registered manager, but they had not felt the need to.
- The provider had a complaints policy in place with a copy in people's care plan folders. We reviewed copies of complaints that had been received and we saw the any concerns had been investigated and a response given to the person making the complaint.

End of life care and support

- The registered manager explained if a person was identified as requiring support with end of life care their care plan would be reviewed. The staff with the palliative care team, district nurses and the person's GP would work closely together to ensure the person's wishes were identified and their care needs were met.

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 now 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.

Continuous learning and improving care

- The provider had a range of quality assurance checks in place to monitor the care provided. Care plans were audited quarterly to ensure information included was accurate.
- The registered manager told us MAR charts and the records of the care provided during each visit were reviewed weekly and the registered manager checked 10% of the audits to ensure consistency.
- Audits of financial transaction records were carried out to ensure staff had provided appropriate information in relation to any support with their money people received.
- The care worker employment, support and training records were audited quarterly to ensure the paperwork was in place to demonstrate care workers had the appropriate support and training for their role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they felt the service was well-led and that all the staff were supportive and provided appropriate care. Their comments included "I never have a problem with my care and the staff are all fantastic" and "I think this place is well run and the staff are well organised."
- Care workers we spoke with felt the service was well-led and they felt supported by the senior manager. One care worker commented "It is really well led. This is one of the first jobs I have had where I like coming to work in this building from the management team to the care workers team. We all work together, and it is not their problem but our problem to solve."

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 provider had a range of policies and procedures in place which were regularly reviewed and updated when required.
- The records of complaints indicated that the registered manager responded to them in a timely manner and identified where improvements could be made.

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

- The registered manager explained they were supported by two assistant care managers and an assistant housing manager. There were clearly defined roles and responsibilities for staff. All staff had specific job descriptions and they received a copy when they started to work at the service.
- Care workers spoke positively about the registered manager and senior staff. One care worker commented

"I see senior staff all the time. If there is a problem they quickly call a staff meeting to deal with anything."

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

- The registered manager explained an annual survey was carried out with people living at the extra care scheme. Analysis of the 2019 survey contained positive feedback from people. An action plan had been developed in response to any issues identified with an assigned staff member and completion date for each action.

Working in partnership with others

- The registered manager told us they worked closely with the local authority to monitor the care provided and the extra care scheme could meet people's support needs.
- Age UK worked with the service to provide a range of activities for both people living at the scheme and people from the local community.
- We spoke with the GP who was visiting the service during the inspection. They confirmed they had a good working relationship with the service and were in regular communication with the staff regarding people health needs.