

Housing 21

Housing 21 – Hogshill Gardens

Inspection report

Hogshill Gardens, Brighton Road
Crawley
RH10 6RS

Tel: 03701924160
Website: www.housing21.org.uk

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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- Hogshill Gardens is an Extra Care Housing provider and domiciliary care service. The service provides personal care where required. Personal care is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Some people received personal care from other agencies or privately hired personal assistants.

The extra care housing is purpose-built and people live in their own flats in a communal building. There are 33 one bedroom apartments and six two bedroom apartments at this location, which is referred to as a court. There are communal areas and a shared garden. There were 35 people over 65 years of age receiving personal care at the time of this inspection.

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

People felt safe at the court and were happy with the care they received. Communal areas of the court were clean and bright and people used the areas to socialise. Risk assessments were carried out. Staffing levels were safe although people sometimes had to wait for care at busy times. Staff were recruited safely and were well trained.

People received effective care at the service. Where part of the package of care, people were supported to eat and drink well at the court and enjoyed the home cooked food provided by the chef. People had clear, well written care plans and staff read and followed them. Staff supported people to visit healthcare providers.

People were well cared for and staff cared about the people at the court. Staff took time with people, a member of staff told us, "I like sitting chatting to the residents, they have interesting stories." People were encouraged to remain independent and could plan their own days. Staff respected people's privacy.

People had personalised care plans and the care they received followed the plans. People were encouraged to remain active and involved. The service organised activities during the day in the communal areas such as bingo or coffee mornings and raffles and people were encouraged to invite their friends and families to join them.

The service was well led by a registered manager who was proud of their team. The registered manager was keen to promote the court as a home from home and was happy to learn from people's feedback. The registered manager was well supported by the provider and in turn supported the staff. A member of the senior team was always available. Audits were carried out to constantly improve the service. Staff were happy to work at the court. A staff member told us, "Staff are good, we've a good manager, we work as a team."

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 18 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered location.

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Housing 21 – Hogshill Gardens

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 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 notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection and that people would be available to speak with us.

What we did before the inspection

We reviewed information we had received about the service. 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 spoke to four members of staff including the registered manager, and four people who used the service about the care provided. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Staff had adequate training in safeguarding and understood its importance. A staff member told us if they had any concerns about a person's safety, "I would raise it with my manager."
- People felt safe. When asked if they felt safe a person told us, "Yes, no problem." People were safe because staff were available in the event of being needed, a person said, "Most people have call buttons on so you just press that."
- Staff understood the whistleblowing procedures and were confident to use them if necessary.
- Staff understood safeguarding and how to report any concerns. The registered manager informed safeguarding teams when they had any concerns about a person, including if family or friends might be involved, for example with allegations of financial abuse. The registered manager told us they spoke to people and families if they had concerns.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were carried out both for people and for the communal areas of the service..
- The registered manager had spoken to people to explain to them how they could protect themselves where there were concerns with accessing help from unregulated services outside the service.
- The registered manager had documented clear risk assessments around a person-centred fire and evacuation policy. People's mobility and understanding were reviewed, along with risks that might cause fire, for example hoarding or smoking. Action plans were created for each person and were reviewed regularly.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were safe to work with people. Advertising and recruiting of staff was managed initially by the provider's human resources team, the final decision around employing staff was managed by the local senior team. Staff files were up to date.
- Staffing levels were safe. People told us there were usually enough staff although there could be waits at busy times. Staff told us there had been busy times but more staff had been employed. A member of staff told us, "Staffing is better now there are new staff, they just need training up." Staff were employed on flexible contracts which enabled the service to change the hours staffed worked to ensure people received the care they needed in a timely manner.

Using medicines safely

- Staff supported people to take their medicines safely. People stored their medicines in their own homes. Staff were trained to administer or support people in the taking of medicines. Staff understood that people had choice, including when to take their medicine, and the systems and procedures allowed for that. A member of staff told us, "If people don't take their medicines we document and report it."
- People's medicines were regularly reviewed and care plans were updated and reviewed if medicines were changed.

Preventing and controlling infection

- The service was clean and people were protected from the risk of infection. The communal areas were cleaned daily by an outside company. The registered manager told us they ensure the communal areas are cleaned daily but documentation was lacking. The registered manager planned to review audits for the cleaning.
- Staff were trained in infection control and followed infection control policy. Staff had access to personal protective equipment, such as gloves, aprons and overshoes, and used them when necessary.

Learning lessons when things go wrong

- Mistakes were audited and staff were able to discuss and learn from them, for example at staff meetings.
- A practice for a full fire evacuation was planned after a previous practice where some people did not understand the advice to remain in their rooms and went into other people's rooms.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 and choices were assessed before they arrived to live at the service. The care plans were written to ensure important likes and dislikes were included.
- People were protected from discrimination. Staff understood equality and diversity, and received training in this as part of their induction.

Staff support: induction, training, skills and experience

- Staff were well trained and supervised. Staff were given a twelve-week induction training period, followed by supervisions and ongoing training if needed. A member of staff told us, "We all had new training and supervisions." The service ensured staff were trained to a higher standard than the basic one required for carers, so staff were able to confidently care for people. Training included knowledge of specific issues where they were needed to care for people at the court, such as pressure sores, mental health awareness and anti-social behaviours.
- The management team monitored and audited the ongoing training for staff to ensure that training deemed essential was completed when required.
- Staff were trained in first aid at work, defibrillator use, and how to respond in an emergency.

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

- Some people were supported to eat and drink as part of their care package. Some people ate in the communal dining area where the food served was freshly prepared by the chef. People could also prepare food and eat in their own homes if they preferred.
- People were very happy with the food provided. A person told us, "The food is lovely, I can't fault the food." And another person said, "The food is so good, I dread it when the chef goes on holiday."
- The chef was knowledgeable about the needs and likes of people who used the service. People were able to have specific diets catered for, for example diabetic or vegetarian needs. The chef told us, "I just know people, [person] is a vegetarian, I made him Quorn sausages today."

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

- Social workers liaised with the service and the council to nominate people to live at the service.
- People were supported by staff at the service to see their doctor or social worker when required.
- Staff supported people to book taxis to go to health appointments. People could also have health care professionals visit them at the court. Leaflets about local health care providers were available to people.

- Staff were kept up to date about people's health needs and shared information with healthcare providers. The registered manager told us, "GPs and nurses pop in, we talk to them when they visit."

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

- No one at Housing 21 - Hogshill Gardens was being deprived of their liberty. Staff and managers understood the principles of the MCA and people were encouraged to make decisions about their lives and their care. A member of staff told us, "We promote independence, and encourage choice."

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 at the court were treated well and were respected by staff. Staff had training in equality and diversity as part of their induction and were keen to ensure people were supported fairly. People felt cared for, a person told us, "It's like a big family really." We saw staff assisting people at lunchtime in a polite and respectful manner, helping discreetly when necessary, and chatting and laughing with people, a person said, "It's better here you can talk to people."
- People were given personalised care based on their care plans, some people only required reminders to take their medicines while others needed help to wash or eat, people could also access extra support when needed, for example, staff were on site 24 hours a day so if a person required any extra help they could request it. The amount of support people needed varied and staff understood how to offer support discreetly.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their families were involved in the decisions around their care. Care plans were written with input from people and day to day care was only given with consent.
- Staff knew to always ask people what they wanted and to act accordingly. People could plan their own days and do what they wanted. A person told us that at busy times they might have to wait a little while for staff to help them, but that "When we see them they are mostly very good."
- People were encouraged to come to the dining room for lunch but were equally welcome to eat in their homes or go out to eat. Menus were available for people to choose what they wanted.
- People were encouraged to remain as independent as possible. The ethos of the court was one of promoting independence and choice for older people through housing, care and support.
- People's privacy was respected. People had their own homes and were supported with care packages as required. People had keys to their own homes, staff always knocked on people's doors before entering even when people left the doors unlocked or staff had keys for ease of access.
- Staff told us they cared about people at the court and ensured they remained as independent as possible. In response to a question about people remaining mentally fit, a member of staff told us they always asked people to make their own decisions

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

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's care was personalised. People had personalised care plans which included details about likes and dislikes and what a good day and a bad day might look like for the person. The care plans included people's aspirations and what they hoped to achieve in the future. Not all care plans included information about the person's history, for example past jobs or family. The registered manager was working to ensure all care plans were fully updated. A member of staff told us, "We talk to people to learn their routines."
- Care plans were reviewed regularly by trained staff and input was sought from people and people important to them. Care plans included people's religious affiliations and mobility requirements, as well as the specific care they needed.

Meeting people's communication needs

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

- People were able to access information in ways that were appropriate for them. A monthly newsletter was produced by the service which had large print sections, and could be provided in full in large print.
- At the time of the inspection no one needed information presented in other ways, the chef told us that if necessary they would produce picture menus for people.

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

- Communal areas in the court were popular. We saw people using the communal dining area to sit and talk after lunch. The garden was also an area where people could meet, although at the time of the inspection the garden furniture was being painted so people were not able to sit outside.
- Within the service activities were organised in communal areas and people had the opportunity to be involved if they wished. A person told us, "We have bingo and coffee mornings."
- The service also organised trips out for people, although these were not always as regular as people would have liked. The registered manager was aware that people wanted to go out more frequently and was organising more trips for small groups of people to the cinema or the shops.

Improving care quality in response to complaints or concerns

- No formal complaints had been received in the previous year. People were able to speak to the staff or the

registered manager about any concerns and these were resolved quickly. The staff team were keen to ensure people were happy with the service and welcomed feedback, including complaints.

- The court is part of a group of locations managed by the provider and had a clear complaints procedure. People could access this in many ways, such as online, by writing to a freepost address, by phone, or by speaking to the local manager. The complaints procedure was explained in a leaflet.
- People were also informed that complaints could be made on their behalf by a representative, and that raising a complaint would not mean people were treated any differently.

End of life care and support

- People's wishes, including funeral wishes, were included in their care plans and staff supported people and their families.
- Staff were able to access counselling services if they were stressed or upset by events at the court and managers were available day and night.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 was keen to provide a safe and caring environment for people and staff. Feedback was regularly sought from people at the court, and their friends and relatives, and acted on. For example, when people said the garden furniture was tatty, the registered manager arranged to have it repainted.
- The registered manager had an open office policy and was on site five days a week, at weekends assistant managers were available so there was always a senior member of staff to listen to suggestions or worries and ensure they were acted on.
- Staff liked working at the court and told us so. A staff member said, "I absolutely love it. I go home and feel it's rewarding, I've done my part for the community." The chef told us, "I enjoy it, it's the perfect job for me."

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 and assistant managers understood the duty of candour and informed relatives when necessary.
- The registered manager informed the Care Quality Commission of events related to the running of the service, as required by regulation.

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

- The registered manager understood their role and was well supported by a knowledgeable provider. The registered manager was supported by an assistant manager. The management team ensured senior staff were available every day to deal with any concerns. The registered manager told us, "There is always someone I can contact, other managers, or my manager."
- Audits were carried out around risk within the court. The registered manager checked for risks within communal areas of the court and also reminded people to keep themselves safe. For example, the monthly newsletter produced by the service included information on when shower heads would be cleaned, and when fire alarms would be tested. People were also reminded to test their alarm pendants and were informed that staff could assist them if they were unsure how to do this themselves.
- Some documentation was not always clear, for example with cleaning audits, and the registered manager said this would be reviewed.

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

- People lived in their own homes within the court so visiting by friends and family was unrestricted.
- A local playgroup visited the court each month to spend time with the people, which they enjoyed. The service helped people to organise outside entertainers to visit if they wished. A staff member told us the people had paid for a band to come to the court to entertain them.
- A local church visited the court to give communion to those people that wanted to take part. Friends and family were welcome to attend any of the events arranged in the court.

Continuous learning and improving care

- The registered manager kept up to date with good practice using the local authority and CQC websites. Staff were made aware of any changes to policies and procedures using an internal computer system and intranet.
- There were regular staff meetings where staff could discuss any issues, seek answers and learn from each other. A member of staff told us, "In staff meetings we talk about anything, CQC visits, complaints, training, anything that comes up."
- The provider supports a staff incentive scheme where staff are rewarded for hard work with gifts. Recently staff were given vouchers as a thank you for team work at busy times.

Working in partnership with others

- The registered manager involved people through reviews, to allow them to share their views about the service they received.
- The registered manager, senior team and staff were open and honest and shared information with health and social care professionals when necessary, to ensure good outcomes for people.