

Housing 21

Housing 21 - Charles Court

Inspection report

Charles Crescent
Armthorpe
Doncaster
South Yorkshire
DN3 2AQ

Tel: 03701924095

Website: www.housing21.org.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Housing 21- Charles Court is an extra care support scheme which provides personal care for up to 40 people who live on the premises in their own flats. The service has communal areas which include a fitness suite, restaurant, lounge and hair salon. At the time of our inspection there were 27 people receiving 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 the service and what we found:

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

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 made to feel safe by a staff team who were trained to recognise and respond to concerns of abuse and manage people's risks in a safe way. Medicines were managed safely. People received consistent support from a staff team who were punctual and who knew people's needs well. Care plans were detailed and gave staff the information they needed to be able to care and support people in the most effective way.

Right Care:

There were enough staff available to meet people's needs. Staff worked well with other agencies to ensure people received consistent and timely support.

Right Culture:

There were systems in place to identify when things went wrong and learning was adopted to prevent future occurrences. The registered manager promoted an open culture where staff felt valued and proud. The provider and registered manager worked well with other agencies and organisations to improve the quality of care people received.

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 24 Jan 2018)

Why we inspected

We undertook this focused inspection as part of a random selection of services rated Good and Outstanding. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Housing 21-Charles Court on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we

needed to be sure that the provider or registered manager would be available to support the inspection.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.' The inspection started on 08 January 2024 and ended on 28 January 2024.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and gathered feedback from 9 staff. We spoke to 4 people using the service over the telephone. We looked at the care records for 2 people, including risk assessments. We looked at governance systems, policies and procedures and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff we spoke with understood their role in protecting people from abuse. One member of staff said, "I have received safeguarding training, and this is up to date. If I saw something that was wrong, I would report it to my manager."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People had risk assessments as part of their care plan to give guidance to staff about how to manage the risks of any harm the person may face.
- The service made referrals to healthcare professionals where required. For example, if staff were concerned about risks to people, they contacted office staff who in turn made referrals to healthcare professionals. This meant people's changing needs were identified and supported. One relative said, "Staff recognise and adapt to [my relatives] needs."
- Audits of care records identified opportunities for improvement and learning.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider had a safe recruitment process in place. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. This included proof of identification, references, and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.
- Using medicines safely
- People were supported to receive their medicines safely.
- People's medicines were managed safely. Medicine administration records were checked by regular audits.
- Care plans detailed information about the support people needed to take their medicines.
- Staff received training in the safe management of medicines.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- We were assured that the provider's infection prevention and control policy was up to date.
- Infection prevention and control measures promoted people's safety.
- Staff wore suitable PPE. One relative said, "Staff wear aprons, gloves and their hand hygiene is good."

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 our last inspection we rated this key question Good. At this inspection the rating has remained 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 had systems to provide person-centred care that achieved good outcomes for people.
- Before people started to use the service an assessment was completed to ensure their needs could be met. The registered manager completed frequent reviews of care to make sure needs were being met or if changes and additional care was needed.
- Feedback from relatives and people was positive about the care they received. One relative said, "Some staff are fantastic. They [staff] have [my relative's] best interests at heart, I believe they do care."

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 understood their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had created a learning culture which improved the care people received.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider had systems in place to check the safety and quality of the service provided.
- Audits were carried out regularly by the registered manager and they were able to identify and address issues effectively.
- Staff documented care provided and the management team audited this regularly.

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

- People and staff were involved in the running of the service and fully understood and took into account people's diverse needs.
- The provider regularly sent out questionnaires to people and their families. Responses were reviewed to identify actions needed to improve the service. One relative told us, "We have had a few questionnaires over the years."
- Some relatives told us communication from management team could be improved. One relative said,

"Things are ok but there have been a few hiccups mainly regarding poor communication. Another relative said, "Most of them [managers] are approachable. We had a few misunderstandings regarding the best way to contact managers and the office, this has been resolved."

- The registered manager held well attended meetings for the staff team to discuss relevant information. One staff member told us, "Team meetings are mandatory and held 4 times a year." Another staff said, "I can raise any concerns with my manager, the door is always open. I feel I am listened to, and appropriate action is taken to all my concerns."

Working in partnership with others

- The provider worked in partnership with others.

- The service worked in partnership with district nurses, GPs, and other healthcare professionals.

We received positive feedback from professionals. One told us, "I was very impressed with the registered manager. The service was very good and very person centred."