

## Housing 21

# Housing & Care 21 - Staveley Court

### 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: Staveley Court is a supported living service. The service provided personal care to people living in their own flats at an extra care housing complex. There are 40 flats within the scheme. At the time of our inspection there were 37 people who used the service.

People's experience of using this service:

People told us they felt safe and were happy with the care and support they received. People told us staff were kind and treated them well.

At the last inspection in 2016 we found the provider's systems for monitoring the quality and safety of the service had not been operated effectively. During this inspection we found improvements had been made. An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

People were supported by a staff team who were trained and supported to carry out their roles. There were enough staff available to meet people's needs. All the required checks were carried out before new staff started work. This helped to protect people from the risk of receiving care and support from staff unsuitable to work in a care setting.

People were protected from the risk of abuse. The manager and staff knew how to recognise and respond to any concerns about people's safety and welfare.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks to people's safety and welfare were identified and managed.

People's medicines were managed safely.

Staff were respectful and supported people to maintain their independence.

The provider had a complaints procedure in place and people were aware of how to make a complaint.

Rating at last inspection: Good. (Last report published June 2016).

Why we inspected: This was a scheduled planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re- inspection programme. If any concerning information is received we may inspect sooner.

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

## 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 & Care 21 - Staveley 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an inspector and an inspection manager.

Service and service type:

Housing & Care 21 – Staveley Court provides care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation can be 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. Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The registered manager had left and a new manager had been appointed. The new manager was in the process of applying for registration with the Care Quality Commission. Registered managers along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced at short notice to ensure the manager would be available and to give them time to arrange for us to visit people in their own homes.

What we did:

Before we visited the service, we reviewed information we held about the service such as when the provider told us about serious injuries or events. We contacted commissioners to seek their feedback. We received no information of concern. We reviewed the information the provider had sent us in the Provider Information Return. 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 visited the service on 25 March 2019. During the inspection we spoke with four people who used the service, two relatives and a visiting health care professional. We spoke with the manager the deputy manager and two care workers. We looked at a selection of records which included; four peoples care records, medication records, three staff recruitment records, training records, meeting notes and audit reports.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and relatives told us they felt safe at Staveley Court. One person said, "Yes I am safe here." A relative told us, "I can walk out of here knowing Mum is fine."
- Staff knew how to protect people from the risk of abuse. They understood how to recognise and report abuse.
- When concerns had been raised about people's safety and welfare they had been reported to the appropriate agencies.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being and any environmental risks were assessed and measures put in place to manage or remove the risks.
- Information from risk assessments was included in people's care plans. For example, one person's plan stated, "Carers to check I have my pendant on." This related to the pendant they wore so that they could call for help quickly for example if they had a fall.
- When people were supported to move with the aid of a hoist there were clear instructions for staff to follow.

Using medicines safely

- People received their medicines in a safe way, where support was required.
- Staff received regular medicines training and systems were in place to assess their competencies.
- People told us staff helped them to make sure they got their medicines at the right times. One person said, "Yes, they do my tablets, I am happy with that."

Staffing and recruitment

- All the required checks were done before new staff started working at the service.
- People who used the service and relatives told us there were enough staff. A visiting health care professional told us they saw the same staff regularly. Staff told us there were enough staff to make sure people were supported safely and their care needs were met.
- The service had recently changed the night staffing arrangements. The manager told us no one who used the service received care at night and there was now one member of staff on duty. Historically the service had two staff at night. This had been discussed with people who used the service prior to the change being implemented. One person we spoke with had some concerns about the change. We discussed this with the manager and they assured us they would follow it up.

Preventing and controlling infection

- The communal areas were clean and free of unpleasant odours. A person who used the service told us it

was always clean.

- There were systems in place to prevent and control infection. Staff had received training and told us they had access to protective equipment such as gloves and aprons.
- Staff understood the importance of hand washing in the prevention and control of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded electronically and monitored by the provider's internal audit and risk department. An internal audit in February 2019 had identified a low level of reporting of accidents and incidents since the previous audit in April 2018. This had been flagged as a potential risk, the concern being staff were not following the correct reporting procedures. During our inspection we saw the manager was dealing with this.
- Changes to policies and safety issues were discussed with staff to ensure staff they understood the importance of following safe working practices.



# 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.

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 before they moved into the service to make sure staff could provide the care and support they needed. This assessment considered people's needs in relation to culture, religion or ethnicity and how they wanted to be supported in these areas.
- Care and support was reviewed on a regular basis.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training.
- Staff told us they were well supported, one said, "If I struggle I always go to office and they help me."
- Staff were given opportunities to review their individual work and development needs through supervision meetings and appraisals.
- Induction procedures helped to ensure new staff were trained in the areas the provider identified as relevant to their roles.

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

- Some people received support with helping to prepare their food and drinks. Where this support was provided people's needs and preferences were recorded in their care records. A visitor told us their relative had put on weight since moving into Staveley Court.
- There was a restaurant within the service for people to buy meals and snacks of their choice. People told us the food was good, one person said, "You couldn't ask for a better cook."

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

- There were arrangements in place to monitor people's healthcare needs.
- People's care records included information regarding their background, mental health, medical conditions and guidance on assisting people to maintain their wellbeing.
- Staff worked in partnership with other health and social care professionals to support people to maintain their well-being and health.
- People told us staff supported them to arrange and attend medical appointments.

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 with appropriate legal authority.

- Applications must be made to the Court of Protection when people live in their own homes. The manager told us none were required for the people supported by the service at the time of our inspection.
- When people lacked capacity to make decisions about particular aspects of their care and support, decisions had been made in their best interests. For example, when people were unable to consent to taking medication.
- People told us staff always asked for their consent before providing care and support.
- Staff we spoke with had a good understanding of their responsibilities under The Mental Capacity Act.

Adapting service, design, decoration to meet people's needs

- The service was designed, adapted and maintained to meet people's needs.
- The service had 40 apartments for people to choose from.
- People had access to communal areas such as a lounge, restaurant and gardens where they could meet and socialise.

# 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

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 who used the service and relatives told us staff treated them well. One person said, "It is very good [here], they look after us well." Another person said, "All the staff are nice."
- One relative said, "This is an amazing place, Mum is happy here." Another relative said, "I think it is brilliant." A visiting health care professional described the staff as "friendly and accommodating."
- The manager understood their responsibilities under the Equalities Act 2010. They promoted a person-centred approach to the delivery of care.
- Staff received training on diversity and inclusion and understood the importance of treating people as unique individuals with different and diverse needs.
- Information about people's life history was recorded. This included information about people's preferences and things which were important to them.

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

- A visitor told us they were fully involved in their relative's care, they said they felt they were 'working in partnership' with the service.
- Staff supported people to make choices in their daily lives, for example about what they wore, what they had to eat and how they spent their time.
- People were involved in planning and reviewing how their care and support needs were met.
- Tenants' meetings were held which gave people the opportunity to have a say in how the service was provided. They also provided an opportunity to tell people about changes, for example to the staff team, and to discuss upcoming events. People told us they always got a copy of the meeting notes whether they had attended or not.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy.
- Care plans were person centred and promoted privacy and dignity. For example, one person's plan stated, "I would like carers to ring my doorbell before entering my flat."
- Staff understood the importance of supporting people to maintain their independence. For example, one staff member told us, "We let people do what they can, we don't let people struggle but we don't take over."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- People received care which was planned around their needs, choices and preferences. For example, one person's records stated, "I usually like to have a bowl of cornflakes and a slice of toast with jam and a cup of tea with milk and one sugar, however I still like to be asked."
- People's assessments and care plans were person-centred and contained details of their choices and preferences. For example, one person's plan stated, "I would like a small amount of toothpaste to be put on my brush and I will then brush my own teeth"
- Staff involved people, relatives and other health and social care professionals in planning how care would be delivered. People's care records were regularly reviewed to make sure their care needs were being met.
- People were provided with assistive technology such as call alarms so they could summon the help of staff in between their allocated calls or in the event of an emergency.
- People's communication needs were assessed and where necessary appropriate support was provided.
- People were involved in a wide range of activities. These included a weekly coffee morning, visiting entertainers, parties to celebrate special occasions and outings. We saw a letter from a relative which stated, "Thanks again for Looking after Mum, its very much appreciated. Thanks to whoever organised the trip out to [name of show], Mum really enjoyed it."
- The service worked with other health care professionals to ensure people received end of life care which met their needs and preferences. The manager told us how they had recently supported a person who had expressed a wish to spend their final days in their own flat. They told us the person had passed away peacefully and said, "We were proud to have been able to support [name] to be at home."

Improving care quality in response to complaints or concerns

- People who used the service and relatives told us they knew who to talk to if they had any concerns. They said they were confident the manager would take appropriate action to deal with any concerns raised.
- The provider had a complaints procedure in place. The service had not received any complaints in the past 12 months.
- The manager told us they encouraged people to say if they were unhappy with anything so that it could be dealt with straight away. This meant people did not often find it necessary to make a formal complaint. They acknowledged this was not always reflected in the records and told us they had already started to address this.
- The service kept a record of compliments so that they knew what they were doing well. Comments included, "We can't thank you enough for the care you have given my Mum." "Thank you to all the staff for looking after [name] for us."

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in June 2016 this domain was rated requires improvement. At that time, we found the provider was not operating effective governance systems and they were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found the provider had made improvements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had left the service and a new manager had been appointed. They were in the process of applying for registration with the Commission. Prior to being promoted to the post of manager they had worked at the service for several years. They knew people well and understood their responsibilities.
- Everyone spoke highly of the new manager. They described her as approachable. Comments included, "[Name of manager] is very nice.", "She is very good, you can go in anytime, the door is open unless there is someone in."
- The registered manager promoted a culture of openness and transparency.
- Staff were committed to providing individualised care which was planned around people's needs and preferences.
- The provider submitted timely notifications to CQC of significant events that had occurred in the service. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
- Regular audits were carried out to monitor the quality and safety of the services provided.
- The provider had carried out a full audit of the service in February 2019. The audit had been effective in identifying areas where improvements were needed. There was an action plan in place and the manager was working on implementing the recommendations. For example, the audit identified staff supervisions, competency assessments and appraisals had not been completed in line with the provider's policy. The manager had diarised supervisions and competency checks for all staff for the coming year.

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

- There were regular tenants' meetings where people who used the service could share their views and make suggestions for improvements to the service.
- People and their relatives were involved in reviewing their care packages.
- The provider sent surveys to people to ask for their feedback about the service. The results of surveys were shared at tenants' meetings.

- Staff meetings were held to share information and give staff the opportunity to share their views of the service.

#### Working in partnership with others

- The service worked collaboratively with a range of different health and social care professionals to help make sure people received the right support. For example, the community rehabilitation team from the local NHS Trust had held an event at the service in February 2019. This had given people the opportunity to have a chat and get advice about the support available to them to help maintain their independence.