

Housing 21

Housing & Care 21 - Springtide Cove

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: The service 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 53 flats within the scheme (one and two bedroomed). At the time of the inspection there were 32 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 service received. People received their care from a small consistent staff team who they could build trusting relationships with.

There were enough staff employed and on duty at any one time to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were recorded and analysed, and risk assessments were in place. The registered manager understood their responsibilities about safeguarding. Arrangements were in place for the safe administration of medicines.

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. However, the record keeping for this needed improvement as there were no mental capacity assessments or recordings of best interest decisions. We pointed this out to the registered manager who told us they would take immediate action to address this.

People were supported by staff who had the skills and experience to help them to maintain and develop their independence. Staff treated people as individuals and respected their privacy and lifestyle choices.

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

An effective quality assurance process was in place. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (Last report published 14 September 2016).

Why we inspected: We inspected the service as part of our inspection schedule for 'Good' rated services.

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.

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Effective findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

Housing & Care 21 - Springtide Cove

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 team consisted of an inspector and an 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.

Service and service type: Housing & Care 21 - Springtide Cove 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 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 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 short notice of the inspection visit because we needed to ask people for permission to visit them in their own homes and to be sure staff would be available to assist us to access records.

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 used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the service on 5 March 2019. During the inspection we spoke with 13 people who used the service and two relatives. We also spoke with the registered manager, assistant care manager and four care assistants.

We looked at a selection of records which included;

- Three people's care records
- Three people's medication administration records.
- Staff recruitment and training and supervision records for two staff.
- Records of accidents, incidents, complaints and compliments.
- Audits and quality assurance 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.

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- People told us they felt safe. One person told us, "The best thing here is the security. I feel safe."
- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.

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

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks.
- Risks were well managed. Risk assessments were in place for people and they described the actions to be taken to reduce the risk. Records were up to date.
- The registered manager monitored and analysed accidents and incidents enabling any safety concerns to be acted on and to identify lessons learnt.

Staffing and recruitment.

- People received a reliable service and their care and support was provided by regular care staff. Comments included, "The staff are at your beck and call. You just press for help and they are there" and "They [staff] are really reliable. They come four times a day to help."
- There were enough staff employed to provide care and support to people.
- The staff team had a mix of skills, experience and knowledge to safely meet people's needs.
- Good recruitment procedures were in place to ensure suitable staff were recruited and people were safe.

Using medicines safely.

- There were arrangements in place to ensure people received medicines in a safe way.
- Accurate records of medicines were maintained; these confirmed that people received the right medicines at the right time.
- The registered manager checked to make sure staff followed safe practice and procedures for the management of medicines. Action had been taken when concerns had been identified such as when staff had failed to sign for the medicine they had given to people.

Preventing and controlling infection.

- Safe infection control systems were in place to help protect people from the risks of infection and cross contamination.
- The provider had an infection control policy and procedures in place. Staff wore gloves and aprons when providing personal care to people to reduce the risk of cross contamination and the spread of infection.

Staff had received training in infection control.

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 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 how people wanted to be supported and any needs in relation to culture, religion or ethnicity.
- Care and support was reviewed on a regular basis.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One person told us, "The staff know everything about me and the help I need."
- Staff had completed an induction and training programme and shadowed more experienced staff to get to know people who used the service before supporting them. Training was refreshed on a regular basis. Staff had opportunity for supervision and appraisal. Staff told us they felt well supported. A staff member told us, "I have good support here and they [management team] always say the door is open if I need to go in."

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 registered manager told us none were required for the people supported by the service when we inspected.

- Care records identified a person who used the service was lacking capacity and staff were making best interest decisions in relation to their care and support. However, this was not formally recorded. There were no mental capacity assessments or recordings of best interest decisions. We pointed this out to the registered manager who told us they would take immediate action to address this.
- People told us staff asked for their consent before carrying out personal care or tasks. One person told us, "They [staff] always ask what I need. They never just jump straight in and take over."
- Staff had a good understanding of their duty to promote and uphold people's human rights.

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 was the case people's needs and preferences were recorded in their care records. People told us staff helped prepare the food and drink they wanted.
- When care staff supported people with their meals this was carried out in a way which helped the person to use and maintain independence.
- There was a restaurant within the service for people to buy meals and snacks of their choice.

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

- The service was designed, adapted and maintained to meet people's needs.
 - The service had 53 apartments which were either one or two bedrooms for people to choose from.
 - Communal areas such as lounge, restaurant and gardens were available for people to meet and socialise.
- The service was spacious, homely and decorated to a high standard. This helped to create a positive impact on people's health and well-being.

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

- There were arrangements for monitoring the healthcare needs of people. Care records contained important 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.

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.

- Staff treated people with kindness and respect. One person told us, "The staff are really kind, helpful and always speak respectfully to me."
- An equality and diversity policy was in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs.
- Equality and diversity training encouraged staff to promote a person-centred approach and ensure people's preferences, wishes and choices were respected.
- The provider monitored staff practices to ensure they were kind and caring.

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

- Staff supported people to express their views and be as involved in their care as possible. Care plans were written using information from people and their relatives.
- People were supported to access advocate services, who provide impartial support to people to make and communicate decisions. Two people were supported by an advocate at the time of our inspection.
- People were given choice and control in their day to day lives. One person told us, "I make my own choices and staff support me with these."

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was respected. People told us that staff were respectful whilst attending to their personal care needs. People told us they were supported to maintain their independence and retain their skills. Examples of this included staff encouraging and supporting people with their mobility and personal care. One person told us how they regularly visited the local supermarket independently and another person went to their local social club which they had done previously before moving into the service.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. A member of staff told us, "We support people to be independent, 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.

- People received care which was planned around their needs, choices and preferences. One person told us, "I get a call about 9:30am which is the time I like to get up and ready."
- People's assessments and care plans were person-centred and contained details of people's choices and preferences. For example, the care records for one person said how they liked to socialise with other people on a Monday and play bingo. Staff involved people, relatives and other health and social care professionals when making plans of how care would be delivered. People's care records were regularly reviewed to make sure their care needs were 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 were involved in a wide range of activities such as bingo, entertainment afternoons with singers and quizzes. One person told us, "I like to get out of my flat and chat, there is always something going on." Another person said, "There is activity nights, but I haven't taken advantage of them yet."
- Information was available in a variety of formats to meet people's individual needs. The service was complying with the requirements identified in the Accessible Information Standard. Some people had poor eye sight, so staff had enlarged the bingo sheet to promote independence.

Improving care quality in response to complaints or concerns.

- People could share any concerns with staff who supported them. People knew how to make a complaint and told us they would be listened to by the management team. One person said, "[Registered manager] is always available should you need to speak with [them]."
- The provider had a compliant policy which had been shared with people and relatives. Complaints were acted upon in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- The provider encouraged an open culture where people and their relatives felt able to raise issues.
- The service had also received many compliments about the work they did.

End of life care and support.

- At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the service at the end of their life and receive appropriate care and treatment. The registered manager told us people were supported to make decisions about their preferences for end of life care.

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.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager was skilled and experienced. They were aware of their regulatory responsibilities.
- Staff understood their roles and responsibilities and were very knowledgeable about people's needs.
- There were regular management meetings where service improvements were discussed and planned. People benefited from a management team who were committed to on-going improvements.
- Regular audits were carried out to monitor the quality of the service.
- Staff meetings took place regularly and were also used share information and keep staff up to date.

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 provider and registered manager demonstrated a commitment to deliver a safe and high-quality service.
- The provider submitted notifications of significant event such as incidents and accidents that had occurred in a timely manner.
- The registered manager was aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.
- People received personalised care. Staff were committed to providing care which was individual to the person and their needs.
- The provider had a good knowledge of the staff team and promoted their values through meetings, supervisions and formal staff appraisals.

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

- The management team spent time with people, relatives and staff at meetings or at reviews of care. This allowed them to gain people's views and involve people in any changes being made to the service. One person told us, "[Registered manager] is top class, approachable and will do anything for you."
- People could feed back on the quality of the service via surveys.

Working in partnership with others.

- The service had good links with the local community. Children and teachers from the local primary school had visited at Easter and Christmas to sing songs for people.
- Within the service there was a privately-run restaurant and hairdressers which were also open to the

public. This supported good links with the local community

- The management team had developed and maintained good links with visiting health and social care professionals.