

Housing 21

Housing 21 - Dairy View

Inspection report

Management Office
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Swindon
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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 - Dairy View is a domiciliary care service and extra care housing providing care to people in their own homes. People using the service lived in their own flats within one large purpose-built building over four floors. The service had communal lounge and cafe areas downstairs, a shared main access and a lift to access the upper floors. The service was supporting 17 people at the time of the inspection. 45 people in total were living in the building.

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

People told us they felt safe with the staff who supported them and had no concerns. Risks to people's personal safety had been assessed and plans were in place to minimise these risks.

People told us there were sufficient staff to meet their needs and safe recruitment practices had been followed.

The service was clean and tidy. There was good availability of Personal Protective Equipment and information on correct infection control measures was displayed.

People, their relatives and staff spoke positively about the supportive management team and said they were approachable and available when needed.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. People had the opportunity to provide feedback on the service they 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 February 2020).

Why we inspected

We received concerns in relation to the management of a COVID-19 outbreak and the infection control measures followed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed and remains Good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housing 21 – Dairy View on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Housing 21 - Dairy View

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This 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 services.

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 a short period notice of the inspection. This was because people live independently in their own flats and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 March 2021 and ended on 12 March 2021. We visited the office location on 5 March 2021.

What we did before the inspection

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 three people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, and care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from four health and social care professionals who regularly visit the service.

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 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 told us they felt safe with the staff who supported them and had no concerns. One person told us, "I am very happy, the staff are good as gold, they make me feel safe, they don't rush me."
- Relatives were reassured of people's safety and told us concerns were shared. Comments included, "I do feel that my relative is safe within Dairy view" and "No concerns, they are safe, staff always ring me about anything."
- Staff understood their safeguarding responsibilities and how to report concerns. Staff told us, "I would be happy to report anything, the managers encourage this and the numbers to ring are in the staff room" and "We have done safeguarding training, I would go straight to the manager. I could go above the manager if I needed."
- The registered manager told us they were confident that the safeguarding systems in place supported good practice commenting, "If staff have concerns, they report straight away. Staff carry safeguarding cards so have immediate numbers. They don't give me any concern that they don't understand how to raise concerns."

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed and plans were in place to minimise these risks. We saw in some risk examples such as falls risk there was clear detail on managing these risks and how to support a person to safely transfer.
- For some areas however, there was limited information available. This included catheter care and Percutaneous endoscopic gastrostomy (PEG), (PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach to provide nutrition). Although staff had limited responsibility for these activities, more detail was needed, for example what to look out for in case they were not performing or presenting as they should be so medical professionals can be alerted. The registered manager told us staff had received training around these areas but was responsive in taking action to address this and include more information in the care plans. Staff we spoke with had a good understanding of how to safely manage these risks for people.
 - People had access to pendants and call bells in their flats that they could utilise in an emergency. This linked to staff mobiles and the office so they could see who required assistance. One person told us, "We have a pendant and press it and they answer. We do a test regularly also to make sure it's working."
 - The building was overseen by a separate housing team and the service did not have responsibility for this oversight. However, they had ensured that people had personal evacuation forms in place and staff took part in the fire alarm testing and evacuations.
 - The service was praised for their management and support of people's health needs. One relative said, "They are always very friendly, they were fantastic when my relative was poorly. They were excellent and

really helped me. Any concerns or worries they call me." Health and social care professionals told us, "Staff are aware of health 'issues' arising with tenants and help to resolve their health issues" and "It has been my pleasure to observe colleagues at Dairy View supporting [person's name] and providing them with the highest level of care at the end of their life, and this they have done under very difficult circumstances, they have maintained a level of professionalism that is to be admired."

Staffing and recruitment

- People told us there were sufficient staff to meet their needs saying, "Staff stay the time they are meant to. I know the staff who support me" and "Staff come on time and there are no problems. There is enough staff."
- Staff told us there was enough staff and they had time to complete their visits unrushed. Staff commented, "There is enough staff" and "I feel I have plenty of time to complete all my calls. I am not aware of anyone ever missing their call."
- Staff who worked in management or administration roles were also all trained to deliver care. This meant that if a staff shortage occurred it would be covered by regular staff without the need for agency staff. One health and social care professional told us, "I do feel they provide a person centred approach and they are able to cater for individuals needs especially as the staff are on site and they are able to provide 15 minute reassurance calls as well."
- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

- At this inspection we did not observe the administration or storage of medicines. This was because the administration took place in people's own flats and due to the pandemic, we limited our transmission within the service.
- Each person had a medicine care plan in place which highlighted the extent of support required. A medicine risk tool was in place which recorded where people kept their medicine and their understanding of taking their prescribed medicine. We saw a couple of inconsistencies in medicines care plans which the registered manager said should have been updated. The registered manager implemented these changes immediately.
- Medicine administration records we viewed had been completed appropriately and contained important information about the person. Medicines audits were completed monthly to check for any missed signatures or concerns. One relative told us, "I have had no issues with the staff issuing the medicine for my relative and are unaware of them missing any medicine at all."
- Following training staff received spot observation checks and six-monthly medicine competency checks to ensure their practice remained appropriate. Any medicine errors were investigated, and staff were aware of the process to follow should they make or spot a medicine error.

Preventing and controlling infection

- The service was clean and tidy. There was good availability of PPE (personal protective equipment) and we observed staff using these appropriately. Staff told us they had always had good access to PPE with one staff member commenting, "Always had PPE and they encourage you to take as much as you need, and we change after each call."
- The service had experienced a COVID-19 outbreak in December, and this had been a difficult time for people and the staff, in which some had sadly died. Staff had supported people living in the building regardless of if they received care support during this time, taking shopping and medicines to their door and completing welfare checks.
- Communal areas in the service had been closed to reduce people gathering in groups and allow for social

distancing. This was slowly starting to reopen up with safe measures in place.

- The service had a weekly testing programme in place for staff and were awaiting the rapid tests to begin these also. This would then be extended to visitors also. People in the service had started to receive their first vaccine. There was a mixed response to the vaccine from staff with half having received it and the other half less confident to have this. The registered manager had links to websites and information available to encourage staff to reconsider this stance.
- All staff had completed infection control training but had not received any formal COVID-19 training. Instead they had been given information during meetings and resource packs on donning and doffing and infection control during the pandemic. The registered manager had set up a COVID-19 communication folder with all updates in and an infection control folder. We saw signs and posters displayed around the service with infection control measures on.
- We saw there were contingency plans in place should an outbreak occur, and staffing levels be affected. This was accompanied by a COVID-19 risk assessment and COVID-19 and infection control policy. Relative's told us they were assured by the measures in place commenting, "Definitely staff have been following the correct procedures and there is hand gel available and signs up" and "The place is always spotless, this is why I organised for my relative to come and live within Dairy View because of the good reviews." One health and social care professionals told us, "I am impressed with Dairy View. I feel they are very helpful and welcoming. It has been a difficult year during COVID-19."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Information was available for staff on incident reporting and what needs to be reported and recorded. One staff told us, "I have had training with reporting and recording incidents if someone had fallen I would support them by calling paramedics if required, contact their next of kin, complete an incident report and if required call management to inform them."
- We reviewed some of the incident forms and saw that staff sought further medical advice where needed. The registered manager told us, "We update the person's care plan and falls and risk assessment if needed and then we share this with staff and put it on the handover."
- There was evidence in staff meetings and supervisions that incidents were discussed where necessary and used as an opportunity to learn from. One staff spoke about how well events were managed saying, "I immediately rang my manager who gave me advice on the correct procedures to follow. After seeking advice from 111 and ensuring my resident did not need medical attention, my management were very supportive, and I have had medication training again since this."

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 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.

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

- The registered manager and staff were open about how difficult it had been during the COVID-19 in December and the impact this had created on morale. The registered manager told us they all took some time following the outbreak to recharge and that further support was in place for staff should they need it. This included links to a bereavement group with contact details if staff needed to talk to someone external to the organisation. The management team told us, "It's always the first question in supervisions to ask how staff are and we are always here and will pull staff for a cup of tea if we feel they are not right."
- People were aware of who the registered manager was and felt the service was well run commenting, "I see the manager, she comes, and I can speak to her if needed", "They are very good to me, I'm happy and "It's a well-run service."
- Health and social care professionals gave really positive feedback about their involvement with the service and staff commenting, "I frequently contact the manager and have always found them to be very approachable and helpful. Staff always seem to go out of their way to help people to feel comfortable" and "It has been a particular pleasure to work alongside the registered manager and assistant manager, the team have always been so helpful and supportive to myself whenever I have made contact with them."
- Relatives told us they were able to contact and speak with the registered manager if needed saying, "I can talk to [registered manager name] and ask anything, she advises and is approachable" and "They are all just friendly and empathetic and approachable, all girls are lovely and will sit and chat with my relative. They are very supportive. I am always singing their praises."
- Staff spoke about the service positively and felt part of a team that were supportive to each other. Comments included, "If needed I ring my manager who is always there for me and she has been very supportive", "Management are very supportive and very approachable, I feel they always listen and support where needed" and "We are a little family, we all get on and help each other. I feel supported and could talk to most of them."

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 was aware of their responsibilities under the duty of candour. The provider had a policy in place for the duty of candour.
- People and staff were clear on how they could raise concerns and information on how to do this was displayed and given to them.

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

- Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. This followed the CQC key lines of enquiry and enabled the registered manager to review the application of quality standards in the service.
- Two internal quality visits and reviews took place each year. All required actions from this would be recorded for the registered manager to address.
- The registered manager told us they had been well supported during the pandemic from senior management and received weekly updates and guidelines which they shared with staff.
- Staff practice was observed on daily walk arounds and spot checks. These were recorded. The registered manager told us there was a whole team approach within the service commenting, "We are a team regardless of our titles, we all play a vital role."

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

- People had the opportunity to provide feedback on the service they received. One person told us, "I have given feedback previously." One relative said, "We do these, and they are done quite often." Open drop-in sessions were available for people if they wished to meet with the registered manager and we saw them facilitate this during the inspection, but no one chose to attend at that time.
- Following some concerns raised about staff not wearing PPE correctly the registered manager completed an internal survey in January 2021 to ask people if they had any concerns about this and to ensure they knew how to raise a complaint. There was positive feedback received from this.
- Prior to staff supervisions, feedback would be sought from people about that staff member so this could form part of the meeting and people could be involved in this process.
- The staff had helped people to maintain their links with family members during the pandemic. The registered manager told us, "We have good rapport with family members. We have contact details for all families and we will contact them for anyone whether we give care support or not. We keep an eye on everyone."
- The service sent out newsletters to people which detailed measures they were taking around the pandemic and reminding people if they felt low, they could talk to staff and a number was provided. A 'making the difference' folder was in place and we saw thank you cards, and feedback recorded about the care and support received.
- Due to the outbreak the service had experienced staff meetings had not been happening in the usual way. Instead the registered manager sent out monthly communication to staff and had a drop-in surgery for staff who wanted to meet in person. The registered manager told us, "They know they can come and talk to us at any time. We will in April start resuming small group meetings again with staff."

Continuous learning and improving care

- The registered manager told us they were open to learning about any improvements needed commenting, "I always tell the staff not to worry about speaking with CQC, to be honest and if anything needs doing it will come onto my action plan."
- During the inspection where we raised things with the registered manager this was then implemented with immediate effect.
- The registered manager told us they were able to request additional training and had started to complete the Gold Standards Framework, which had been put on temporary hold due to the pandemic (The Gold Standards Framework is used to enable earlier recognition of patients with life-limiting conditions).
- There had been a recognition in the service that staff recruitment was often undertaken in times of urgency. A current project to review this and improve the induction staff had into the service was in progress.

This would consist of more time given to new starters and weekly manager meetings and one consistent mentor throughout the induction to enhance the experience.

Working in partnership with others

- The service worked with a variety of health and social care professionals in order to meet people's needs. The registered manager told us they had a good relationship with these professionals.
- We received positive feedback from health and social care professionals about the staff commenting, "Staff have always worked well with me, and give feedback as and when necessary", "It has been a real pleasure working alongside colleagues who care so much about their residents and provide excellent one to one support and Dairy View do this with such professionalism" and "I am really impressed with Dairy View and the extra care. I would recommend this accommodation. All the staff members that I have had contact with have been friendly and approachable."