

Housing 21

Housing 21 – Dairy View

Inspection report

Management Office
Dairy View, Royal Wootton Bassett
Swindon
Wiltshire
SN4 7FU

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Tel: 03701924226

Website: www.housingandcare21.co.uk

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 - 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. The service had communal lounge and cafe areas downstairs, a shared main access and a lift to access the upper two floors. The service was supporting 24 people at the time of the inspection.

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 using this service and what we found

Risks to people's safety and well being were assessed, recorded and reviewed regularly. Staff understood how to keep people safe and what to do if they suspected any form of abuse.

People were supported by sufficient numbers of suitably trained staff who received regular checks of their competency and quality of care. Staff had been recruited safely and told us they were well supported by the management team.

People's care and support plans contained their health and social care needs and detailed how staff were to meet those needs.

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 being supported by kind and caring staff. People told us they were very happy with the care they received, they had consistent support staff and developed positive relationships with them.

People were supported to maintain interests and to access their local community.

The service was well led by a management team with good leadership skills, who worked well together. The management team conducted regular monitoring and quality checks and had good oversight of the service being provided.

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 07 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 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.

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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 services.

Notice of inspection

This inspection was unannounced.

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 four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, the care manager and support workers. We reviewed a range of records including four people's care records and 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.

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 spoke with two 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

- The service had effective safeguarding processes in place. Staff had completed mandatory safeguarding training and knew the signs of abuse and what to do about it.
- The registered manager had appropriately contacted the local authority safeguarding team when required and informed the CQC.
- People told us they felt safe and secure living at Dairy View. One person said, "I feel so safe living here, when I call the bell they come quickly."

Assessing risk, safety monitoring and management

- Staff demonstrated a good understanding of people's identified risks and the actions they should take to provide people with safe care.
- The risks people faced were accurately assessed and reviewed when people's needs changed.
- The service had completed an environmental risk assessment for people's individual homes. In addition to individual assessments, for example, risks around slipping in the shower area.
- People had individual personal emergency evacuation plans (PEEPs) in place.

Staffing and recruitment

- Staff had been recruited safely. There were effective recruitment processes in place. This included a Disclosure and Barring Service (DBS) check, past employment, references and identity checks. A DBS helps employers make safer recruitment decisions.
- There were sufficient numbers of suitably qualified staff to meet people's needs. The service was continually advertising for additional staff as required. Rotas were planned to provide consistent care. One person told us, "I have the right amount of care, I am very pleased with it."
- There was an effective system in place to monitor the length of calls and adapt the frequency of support according to people's changing needs.

Using medicines safely

- Medicines were administered, managed and stored safely.
- People received their medicines as prescribed. Staff had received training and had their competency regularly checked.
- Protocols were in place for 'as required' medicines and charts for the accurate application of topical creams.
- Medicine administration records were accurate. The accuracy and quality of administration was monitored regularly.

Preventing and controlling infection

- The communal areas and corridors were clean and hygienic with no malodours detected.
- People's individual flats were clean and staff told us they had access to plenty of personal protective equipment to carry out their role.

Learning lessons when things go wrong

- Accidents and incidents were monitored and any appropriate actions taken. Including discussions with the staff team for reflection and learning purposes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Prior to moving into Dairy View, people had their care and support needs assessed. People we spoke with told us the assessment was thorough and covered all aspects of their health and social needs.
- Care Plans were developed in conjunction with health and social care professionals, following National Institute for Health and Care Excellence (NICE) guidelines.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training for their roles. Staff told us they received the right training to equip them with the skills to provide appropriate care.
- Staff received regular supervision and an annual appraisal. Staff told us the management team were very supportive and they could have informal guidance whenever they needed it. One staff member told us, "The office door is always open."
- Staff also felt supported by the regular team meetings and updates from the management team. Including any concerns over a weekend when the management team were 'on call'.
- New staff had a thorough induction and were mentored and had their practice observed until they were confident to work independently. Staff received on going spot checks of their practice to monitor competency and quality.

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

- People were supported to prepare meals and drinks of their choice.
- Where people required specific diets, these details were added to their care plans.
- People were encouraged to maintain their independent skills in food preparation. Some people preferred to eat in the communal dining area with food prepared by the kitchen staff.

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

- People were supported to access community health and social care services, such as their GP and dentist.
- Where people needed to be referred to their GP, community nurse or the out of hours service this was documented. Staff at handover between shifts, were kept up to date on people's current health status.
- Where people required support to attend hospital appointments, this was arranged.

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

- The communal areas at Dairy View were spacious and well lit. There were private comfortable seating

areas where people sat and chatted over coffee.

- The corridors were wide with handrails for stability and a lift to access each floor.
- People's flats were decorated to their choice and preference. One person told us how much they loved their own space and found it easier to manage with the support they received from the service.

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.

- People's consent was sought prior to care being provided. Care plans contained signed consent forms.
- Staff had received training and understood the principles and responsibilities relating to the MCA.
- We saw mental capacity assessments and their corresponding best interest decisions in people's care records. The management team had followed the principles of the MCA and was fully compliant with the Act.

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.

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 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 told us they were happy with the service they received.
- People were well treated by respectful and kind staff.
- One person told us they had good relationships with all the staff and that, "They are all good, they know what I like and we get along well." Another person told us, "They are very caring."
- People's care records were written using person centred and respectful language. Daily records detailed practical tasks as well as how the person was feeling that day.
- Staff also supported people emotionally, for example when in hospital or when having treatment.
- We observed kind and considerate interactions between staff and people. The staff were very attentive to one family who had recently lost a family member. When staff spoke about the person it showed they knew them well, sharing mutual memories. They supported the family in a compassionate and kind manner.

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

- People and where appropriate, their families were fully involved in their assessments and review of care plans.
- People told us they felt at ease when requesting changes to their care and support.
- Staff were able to signpost people to other support services for community activities, advice, guidance and advocacy.
- People's communication needs and methods were fully assessed and detailed in their care and support plans.
- People were supported to make their own decisions and choices about their care where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a person centred manner. Encouragement and promotion of independence was at the centre of their care.
- People received care which respected their privacy and dignity. Staff told us how they ensured doors or curtains were closed and towels used to protect dignity. Staff spoke about people in a kind and dignified manner.
- One person told us, "[Staff] always knock on the door before entering."
- People's confidentiality was respected. Care and support plans were kept in locked cabinets and the office doors were securely locked with a key pad entrance. Staff were knowledgeable about confidentiality and only shared information to relevant people.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Following assessment, care and support plans were developed which gave guidance to staff on how to meet people's needs.
- Management and staff were attentive to people's changing needs and made appropriate referrals to specialist teams to re-assess people's needs,
- People's care and support plans were specific to them and detailed areas of care where people were independent.
- People were supported to have as much choice, control and independence as possible. People were fully involved in their care and support plan review.

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.

- Care and support plans contained details of people's communication needs and methods.
- Information, such as the complaints procedure were available in other formats such as larger print for people with visual impairments.
- The service was fully compliant with the AIS.

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

- People were supported to follow their own interests and hobbies where they were able.
- People were encouraged to try social activities in the local community. When required, people were supported to access the community.
- Various events and clubs were on offer for people to access in the communal areas of the home on specific days, which were well attended.
- People were free to come and go as they pleased and visitors were welcome at any time.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place but had not received any complaints.

End of life care and support

- End of life care and support plans were developed in detail when required.
- No-one was receiving end of life care at the time of our inspection.

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

- Dairy View was managed by a registered manager and an assistant care manager who worked well together. As a management team they demonstrated effective leadership and oversight of the service.
- The management team were passionate about providing person centred care and promoting people's independence as much as possible. This ethos was shared with the staff team who were positive and complimentary of their daily work with people.
- The staff we spoke with told us they thought the service was well managed. One staff member told us, "We look after people really well, but also we are looked after by [the management team], we work as a team."

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 fully aware of their responsibilities under the duty of candour.

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

- There were effective quality monitoring and auditing practices in place. These included medicines administration, care and support records, staff personnel files and service questionnaires.
- The management team conducted regular spot checks and monitoring of staff practice as well as gaining feedback from people.
- The management team were fully aware of their responsibilities in relation to the regulations and notified CQC as appropriate.
- There was a clear staffing structure in place and staff were aware of their roles. Staff were confident they would receive appropriate support when they needed it. Staff spoke highly of the support they received and how they all worked together as a team.
- Risks were reviewed regularly, guidance adapted and actions taken to manage risks where identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Dairy View had good contacts with their local community and encouraged people to access services and events.
- People and their families were asked for feedback and the management team responded in a meaningful way, making changes where appropriate.

Working in partnership with others

- The service worked alongside health and social care professionals to provide safe and effective support. This was particularly noted when people were being discharged home from hospital. The management team ensured care and equipment was in place to provide safe discharges from hospital.