

## Housing & Care 21

# Housing & Care 21 - Springhill 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

The inspection took place on 3 November 2017 and was announced. We gave the provider 48 hours' notice because the location provides domiciliary care services and we needed to be sure that someone would be in the office. Telephone calls to people who used the service also took place on 3 November 2017. A second day of inspection took place on 15 November which was also announced.

Housing & Care 21 – Springhill Court is based in Easingwold near York. Some people who received support live in apartments located on the site in Easingwold. Housing & Care 21 are also the housing association that is responsible for the accommodation. This is called extra-care. Other people live out in the community in their own homes and Housing & Care 21 staff go out and visit them to support with personal care. At the time of this inspection, the service was providing support to 18 people at the extra care location and 13 people in the community.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

There was a manager in post who had registered with CQC. At the time of this inspection, they were unavailable. The area manager and deputy manager assisted throughout the inspection.

People were protected from the risk of harm. Staff had received appropriate safeguarding training and risk assessments had been developed when needed to reduce the risk of harm occurring. Medicines were managed safely. Staff had their competencies in this area assessed. Safe recruitment procedures had been followed. There was enough staff on duty to support people safely. Staff had access to personal protective equipment and staff promoted good infection control practices.

New staff completed a thorough induction when they joined the service. Training records for all staff were up to date and staff were given the opportunity to attend specialist training to improve their knowledge and skills. Staff were supported by management through a regular system of supervisions to monitor their performance. Where needed, people were supported to maintain a balanced diet. People told us they had access to their own, preferred GP. People were empowered to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service support this practice.

People spoke positively about the caring nature of staff and the support they received. People were treated with dignity and their choices were respected by staff.

Care records were person-centred and contained all relevant information to enable staff to provide personalised care and support. People were aware of their care plans and their content and signed documentation evidenced that consent was sought. A comprehensive complaint procedure was in place which had been followed.

People, staff and relatives spoke positively about the management team. Satisfaction surveys had been distributed to gain the views of people who used the service. Action had been taken where required. Quality assurance processes were in place and conducted on a regular basis to enable the service to continuously improve.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Housing & Care 21 - Springhill Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service providing support to people in their own homes. We needed to be sure that someone would be available at the office. A second day of inspection took place on 15 November 2017 which was also announced.

The inspection was carried out by an inspector. An expert by experience made calls to people who used the service on 3 November 2017 to gain their views. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of their expertise was in older people.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider had been asked to complete a provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted the PIR within the required timescales.

During the inspection, we reviewed a range of records. These included three people's care records containing care planning documentation and daily records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection, we spoke with five members of staff including the area and deputy managers. We also spoke with two relatives and eight people who used the service. We also visited two people in their own homes.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe and received support from a consistent team of staff. Comments included, "I feel very safe in their (staffs) hands. I do get different staff sometimes but they are never strangers to me" and "I feel extremely safe and they never let me down." Relatives also spoke positively about the safe care their loved ones received. Comments included, "Yes they are safe, we are very lucky to have found them."

The provider had a safeguarding policy in place which was understood and followed by staff. Staff were able to describe what action they would take if they suspected abuse, such as inform the management team. We found safeguarding referrals had been made to the local authority when required and this had been appropriately recorded.

Risks to people were assessed and their safety was monitored so they could be supported to remain safe. Risk assessments were in place in areas such as mobility, falls, medicines and the environment. These had been reviewed and updated when changes had occurred.

Records showed there was a sufficient number of staff on duty and staff and people we spoke with confirmed this. One member of staff said, "We have had struggles due to sickness and people leaving but we are fully staffed now." Another member of staff told us, "Staffing levels are fine. There is enough staff to meet people's needs and we always visit people at their preferred time."

Staff told us that personal protective equipment such as gloves and hand gel was available via the provider's office to ensure that good health and safety/infection control practices were being followed.

Systems were in place for the safe management of medicines. A medication policy was in place and staff had received training in the safe administration and storage of medicines. People were supported to remain as independent as possible with managing their medicines resulting in very few people needing assistance from staff. Records showed where people did require support this was clearly documented and medicine administration records had been completed appropriately.

During the inspection, we looked at three staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed with all relevant checks being completed before employment commenced.

## Is the service effective?

### Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People and relatives told us they felt staff were well trained and had the skills needed to provide effective support. Comments included, "I think they are very well trained. They are all very capable", "They know how to look after me very well" and "I'm not sure what training they undertake but, in my opinion, they could not do any more for [person's name]."

Records showed that new staff completed a thorough induction when they commenced employment at the service. Training had been provided in a wide number of areas which included safeguarding, medicines and moving and handling as well as specialist training in areas such as pressure sore awareness and dementia.

We looked at records which demonstrated staff received regular supervisions and an appraisal every 12 months. We could see that when performance concerns had been identified, prompt action had been taken to address this which included additional supervisions and observations of practice.

Staff we spoke with told us they felt very much supported in their role and praised the work of the deputy manager. One member of staff told us, "[Deputy Manager] is brilliant. Nothing is too much trouble and her door is always open. I feel I can go to her with anything and it will be dealt with. Very, very supportive."

An emergency response service was provided to people who lived in the extra care scheme and this was managed by a team of staff employed by the local authority. The deputy manager told us how they had worked hard to improve the working relationships between the emergency response staff and staff employed by Housing & Care 21 – Springhill Court. Weekly meetings were now in place between the two agencies and this had helped to improve the service provided to people, as they were able to share concerns and work in partnership to find solutions.

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.

We checked whether the service was working within the principles of the MCA. At the time of this inspection the service was not currently supporting anyone who lacked capacity. The deputy manager was clear about the action they would take if they had any concerns regarding a person lacking capacity, such as contact relevant professionals.

People consented to care and support from staff by verbally agreeing to it. We found people had been involved in their care plans and this was clear from discussions we had with people and signed



documentation we saw.

People received appropriate support from staff with meal preparation and this was clearly recorded in peoples care records. A bistro serving lunch and evening meals was available on site at the extra care scheme and, where needed, staff escorted people to dine there if they chose to do so.

People were able to access their own GP when needed. The deputy manager told us that when people moved to the service they had the option of registering with a local GP or remaining with their current GP. People we spoke with confirmed this. Support to health appointments could be provided if this was needed.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People we spoke with told us, without exception, that they were well cared for and treated with dignity and respect by all staff. One person told us, "I am well cared for. Nothing is too much trouble for them and they never rush around. They take their time."

We spoke with staff, the deputy manager and to people who used the service about the culture of the organisation. Staff spoke with great pride about the people they supported. It was evident they were highly motivated to provide care and support that was kind and compassionate. All the people we spoke with said that they felt listened to and that staff were supportive. People using the service told us that they knew all of the staff that visited them. Comments included, "They [staff] do listen to me and if they have time they sit and have a natter. This is important to me because I can't get out much" and "I have got to know them [staff] all very well. They go above and beyond. I cannot fault them at all."

People were able to choose a time for staff to visit and the deputy manager told us they tried to accommodate everyone's preferences. We could see when people had requested a change in the time of a visit due to personal appointments or preferences, this had been accommodated.

People's privacy, dignity and choice was respected by staff. One member of staff told us, "We encourage independence as much as possible and I have seen a lot of people's independent ability improve with a little bit of encouragement. We have training on equality, dignity and respect." A relative we spoke with told us, "They [staff] are so patient. [Person's name] can be stubborn and refuse to do things. They are really good at encouraging them and understand that is just their way. They never judge."

We found examples of staff encouraging people to build positive relationships. When people moved into the extra care scheme, staff took time to introduce them to other residents to help them settle into their new surroundings and develop relationships with their neighbours.

We found staff demonstrated a positive regard for what was important and mattered to people. People who used the service told us that staff were familiar with their likes and dislikes and were involved in the planning of their care.

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Initial assessments had been completed for people within the extra care scheme, and in the community, before a package of care was put in place. The deputy manager told us this ensured they could provide the support that was needed and people were suitable for the extra care scheme.

Care plans were person-centred and focused on the individual's needs. They clearly recorded what a person could manage independently and areas of daily living where they required support from staff. For example, one care plan detailed how a person could manage to wash and dress their upper torso but required assistance from staff with their trousers, socks and shoes.

Care plans included background information centred on the individual. Information included personal history, current and past interests, keeping in touch with people and information on doing things the person liked to do. We also noted that records included information on the person's next of kin, important contacts and information on any allergies.

Most of the people who used the service were able to access the community independently and did not require any support from staff. Staff told us how they encourage people to be as independent as possible. On the second day of inspection we saw professionals visiting the service to install equipment to support with mobility. This was to allow the person to remain as independent as possible. This visit had been arranged by staff after they identified a person was struggling with their balance.

The provider had a complaints policy in place. This was included in the service user guide which was given to people when they joined the service. The document included guidance on how to complain and what to expect as a result. People we spoke with confirmed they knew how to make a complaint. Records showed that complaints had been managed appropriately.

The service had received a number of compliments about the support provided. Comments included, "Thank you for your kind word, sympathy and making [person's name] final weeks comfortable" and "Thank you for sorting [relative's] care plan and giving us your valuable time."

At the time of this inspection, the service was not supporting anyone with end of life care. Where people had chosen to share this information with staff, we found that people's end of life preferences were detailed in their care records. Compliments received from people whose relatives had used the service demonstrated that compassionate care had been provided to people at the end of their life.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

There was a registered manager in post who registered with CQC in September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a deputy manager. People and staff spoke positively about the management team and their approach. Comments included, "I have no concerns over management. [Deputy manager] is brilliant" and "They are lovely and always willing to help. It had improved over the past few months and is such a happy place to be."

The deputy manager spoke passionately about the service and the support they provided to people. It was clear they had an open door policy and that staff and people were confident in approaching them with any concerns. The deputy manager told us, "I know everyone here very well. It is like a little community."

The management team had a range of knowledge and experience to effectively manage the service and took their roles seriously. The registered manager had notified the CQC about incidents and notifiable events that occurred during the delivery of the service to enable us to take action when this was required.

Procedures and systems were in place to enable the quality of the service to be monitored and assessed. We found the management team regularly completed checks in areas such as care plans, medication, staff supervision and recruitment records. These were detailed and action was taken to remedy any shortfalls that were identified.

The provider often shared information throughout the organisation so lessons could be learnt. This was done via email, training materials and newsletters to staff. It was clear that when an incident had occurred, the provider was open and honest and any areas of improvement were shared. When policies and procedures were updated, staff were notified and asked to read and sign the updated information. This ensured staff were following current best practice guidance.

People and relatives were often asked to provide feedback. Satisfaction questionnaires had recently been distributed and the deputy manager had begun to analyse the results. The results from the last satisfaction questionnaire were displayed in the reception area of the service. They provided details of what action the management team had taken as a result of the comments made.

Regular staff meetings were held to enable staff to participate and provide feedback on developments in the service. Minutes of the meeting showed that staff had the opportunity to raise concerns and be involved in

decisions about the service.