

Housing 21

Housing 21 – Woodridge

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

Housing 21 – Woodridge is an extra care scheme that was providing personal care to 26 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

People told us they were happy with the service, felt comfortable with staff and were kept safe. Comments included, "The staff are lovely, so I do feel relaxed and safe with them" and "I feel [family member] is totally safe and well looked after."

The registered manager understood their responsibilities about safeguarding and had additional measures in place to ensure all incidents were reported. Risks were managed safely. The provider learned from accidents and incidents. Arrangements were in place for the safe administration of medicines. The provider maintained an appropriate recruitment policy and procedure, although staffing levels were consistent.

Assessments of people's needs were carried out before they started receiving support. Staff continued to receive regular training and supervisions as well as annual appraisals. People were supported with their nutritional needs, where required, and to access a range of health care professionals in order to maintain their health. 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.

People felt staff treated them with dignity and respect. Staff promoted and maintained people's independence by encouraging them to care for themselves, where possible. People were supported to access advocacy services.

Care plans were detailed and person-centred. People's communication needs were detailed within care records and staff knew how to communicate with them effectively. People knew how to raise any concerns and the provider had an effective complaints procedure in place.

People, relatives and staff spoke highly of the management team and were complimentary about the service. An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the service through surveys. Staff were involved in the ongoing development and improvement of the service through regular meetings.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 November 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Housing 21 – Woodridge

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 team was made up of one 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

This service provides care 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 service.

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 the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our 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.

During the inspection-

We spoke with 15 people and eight relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, an assistant care manager and three care workers.

We reviewed a range of records. This included four people's care records and seven people's medication records and audits. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that all safeguarding incidents had been reported appropriately and outcomes clearly recorded. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 13.

- Safeguarding alerts regarding any suspected abuse were raised with the local authority in a timely way. All investigations, actions and outcomes were clearly recorded and communicated with regional management and the provider's head office.
- Staff fully understood their roles in safeguarding people from potential abuse and received regular training. They explained to us how they would report any concerns or suspicions and gave examples of signs individual people may show if they were distressed.
- People and relatives felt the service was safe. Comments included, "I feel very safe. I will always have help here" and "I am fine in here. I feel safe and comfortable. Staff are around if I need any help you know."
- The provider had a whistle blowing policy and helpline which staff told us they were aware of and would use if needed.

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

- Risks to people's health, safety and wellbeing were assessed and managed. Staff understood potential risks and how to mitigate them.
- Environmental risk assessments were also in place for people, such as lighting and access into their homes.
- Accidents and incidents were appropriately recorded and analysed to identify any trends. Lessons learned were identified and communicated with staff, including any actions required to mitigate the risk of a recurrence.

Staffing and recruitment

- There were enough staff deployed to meet people's needs.
- People told us they received support by the same staff members which made them feel more at ease. Comments included, "I think knowing all the staff really well is great, it means there is continuity and there are no surprises of people I do not know" and "I have the same staff support me every day."

- The service had not recruited any new staff since the last inspection. The registered manager informed that the same safer recruitment policy was in place and would be followed, should any new staff be required for the service.

Using medicines safely

- Medicines were managed in a safe way. Comments included, "The staff give me my medication three times a day and it is fine" and "I get medication twice a day and have no problems."
- Medicines were administered by trained and competent staff.
- Regular medicine audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- The service had an infection control policy in place. Staff were aware of infection control measures and were observed wearing gloves and aprons prior to visiting people's apartments to support them with personal care.

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

- Assessments of people's needs were completed before they received any support. This was to ensure the service could effectively support them.

Staff support: induction, training, skills and experience

- Staff continued to receive regular training to ensure they had the correct skills and knowledge to support people. Comments from staff included, "We have training quite a lot. We get a lot of 'in house' training too, which is good" and "There's training nearly every month. We've just done a health and safety course."
- Staff told us they felt supported in their roles and received regular supervisions as well as annual appraisals.

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

- Staff supported some people to prepare meals and records described the support people required with their dietary needs.
- Recommendations from healthcare professionals were incorporated into people's care plans. For example, a soft and bite sized diet.

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 maintain their health. One person said, "Staff always let me know if I am due for a dentist appointment or a check-up."
- People were supported to access a range of health care professionals. One person told us, "If I need to see the district nurse or the doctor or anyone like that, this is all arranged by the staff."
- Care records documented engagement with health professionals to ensure people received appropriate care and support to meet their needs. We observed staff communicating and working with visiting health care professionals during the inspection.

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 were being met.

- People's capacity and cognitive needs were detailed in their care records as well as details of any appointed Lasting Power of Attorneys who could legally make decisions on their behalf, should they lack capacity to do so at that time.
- Staff had received up to date training and understood the importance of encouraging people to make decisions for themselves, where possible.

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 and their relatives felt staff were very caring. Comments included, "The staff are all really lovely they will always help you if they can" and "They are all just brilliant; really great girls, all of them."
- People were supported to maintain relationships that were meaningful to them. Relatives spoke very highly of staff and told us they were happy with the support their family members received. One relative said, "Staff are amazing, and we would be lost without them." We observed relatives visiting people in the service throughout the inspection.
- People's spiritual beliefs and faith were recorded in their care files. People were supported to follow their chosen faith, where required. One person's care record stated, "I would like staff to assist me to the local church." Staff confirmed this happened.

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

- People and their relatives were involved in the care planning process and care plan reviews. Comments included, "I am involved in planning my care yes and staff do discuss any changes and reviews with me. My wishes are respected, and I do feel listened to" and "I am involved in my care planning and if I feel I wish to discuss anything or make any changes staff will talk this through."
- At the time of the inspection no one received support from an advocacy service. An advocate helps people to access information and to be involved in decisions about their lives. Information about different advocacy services was on display and accessible for people. The registered manager said, "If people need an advocate we can signpost them to appropriate services."

Respecting and promoting people's privacy, dignity and independence

- People told us they always felt very respected when staff supported them with personal care. They also told us staff always knocked or rang the doorbell first and asked for permission before entering their homes to assist them.
- Staff were knowledgeable and explained how they maintained people's dignity whilst supporting them with personal care needs. For example, covering body areas with towels and making sure curtains and doors were closed.
- Staff promoted people's independence when supporting them. Details of people's capabilities and areas of required support were included in their care records.
- People's confidential information was stored securely. Records could be located and were accessible to authorised staff, when required. Staff had received General Data Protection Regulation (GDPR) training.

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

- Care plans were in place for people that detailed their needs and how staff should support them with specific tasks. Care plans were person-centred and included people's preferences in relation to how they wished to be supported.
- People's plans of care were regularly reviewed and updated when their needs changed.

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.

- People were given information in a way they could understand.
- Care records described the level of support people required with their communication needs.

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

- Some people received one to one support from staff to mitigate the risk of social isolation. This included having a cup of tea and a chat in their home, doing certain activities together or supporting a person to access the local community.

Improving care quality in response to complaints or concerns

- People and relatives had no complaints about the service but told us they knew how to raise concerns. Comments included, "I don't have complaints here. I am happy with everything; my [family member] is happy here and loves the staff" and "We have never had any complaints."
- The service had received no complaints since the last inspection. An appropriate complaints procedure remained in place.

End of life care and support

- Care records contained details of any advanced decisions people had and prompted discussions about people's wishes in relation to end of life care. People's spiritual faith was recorded in care plans as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place.
- At the time of the inspection no one received 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 submitted statutory notifications in a timely manner for all significant events that had occurred, including all safeguarding concerns.

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

- People and relatives felt the registered manager was friendly and approachable. Comments included, "I really like the manager and ACM (assistant care manager) they are very nice" and "If I ever needed to speak to the manager here about anything, I would feel comfortable doing so."
- People and relatives were happy with the management of the service and believed it was well managed. They told us, "Brilliant; a really nice management team, as well as staff and very well led in my opinion" and "I get on well with the management and feel it is very well led. They do what they can for you."
- We received similar feedback from staff. Comments included, "The management listen to us. It makes us feel valued because they'll always listen to what we have to say" and "I've never had a problem with any of the management. They're always really accommodating, very supportive and flexible (around my personal needs)."

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

- The registered manager conducted themselves in a very open and honest way. They understood their role and responsibilities.
- Staff were clear about their roles and responsibilities and some had been made champions in specific areas such as moving and handling. Their photo and details were on display in offices to signpost staff to them if they required additional support or advice in a specific area.
- The provider and the registered manager monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits.

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

- People and relatives were asked for their views of the quality of the service via surveys. All feedback received was analysed and any identified actions were completed. All results and actions were fed back to people and relatives.

- Staff were kept updated about the service and any improvements via regular meetings.

Working in partnership with others

- The provider, registered manager and staff worked in partnership with key stakeholders to achieve positive outcomes for people, such as GPs and social workers.