

St Martins Housing Trust

Webster Court

Inspection report

13-49 Lakenfields
Norwich
Norfolk
NR1 2HB

Tel: 01603699100

Date of inspection visit:
08 January 2020

Date of publication:
06 February 2020

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

Webster Court is an extra care housing complex providing personal care and support to people aged over 50 who have either experienced homelessness in the past or are at risk of becoming homeless. 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. At the time of our inspection visit, 24 people were receiving personal care.

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

People told us they felt safe using the service. Systems were in place to protect people from the risk of abuse. Risks to people's safety had been assessed and they were supported to manage these. People received their medicines when they needed them and there were enough staff to provide support to people when they required this.

The provider was pro-active at identifying and acquiring specialist training for staff in subjects that reflected people's individual needs and experiences. This ensured staff had the necessary skills and knowledge to support people effectively.

Staff strongly advocated for people and worked closely with other organisations and professionals to ensure people received support with their healthcare needs when they required this. Professionals were complimentary about how well the staff worked with them, telling us the service was highly thought of within the professional community.

People told us their consent had been sought before they received support. Staff had a good knowledge on how to support people in line with the relevant legislation. However, systems to ensure other individuals could legally consent on behalf of a person needed to be more robust. We have made a recommendation in this area.

Staff were kind and caring. They treated people with dignity and respect. The provider ensured staff had time to spend with people, so they could get to know them. Staff were respectful of treating people as individuals and as equals. People's privacy and dignity was respected, and they were supported to become more independent to enhance their sense of wellbeing.

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. They had been fully involved in deciding what support they required when using the service. People received support in line with their individual needs, choices and preferences.

People's wishes were sought regarding the end of their life and these were respected and fulfilled. The service had received external accreditation for the quality of care they provided to people at this time.

Good leadership was in place. The provider and registered manager promoted an open, person-centred culture where people and staff were treated with respect and were valued. Robust governance systems were in place to monitor the quality of care and support provided to people. The provider and registered manager demonstrated a commitment to continually improve the quality of support people received.

Rating at last inspection

The last rating for this service was Good (published 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.

Webster Court

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 consisted of two inspectors.

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 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 the support people received with their care.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider had sent us about certain events that had occurred and any information and/or intelligence we had received from the public. We also sought feedback from the local authority regarding the service. This information was used to help us plan 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.

During the inspection

We spoke with five people who used the service about their experience of the care and support provided. We spoke with five members of staff including the provider, registered manager and support workers. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included four people's care records and three medication records. We also viewed two staff training and supervision files. A variety of records relating to the management of the service were also reviewed.

After the inspection

We received written feedback on the quality of care provided from one relative and one social care professional and spoke with a commissioner of 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; Assessing risk, safety monitoring and management

- People told us they felt safe with the staff when using the service. One person said, "I didn't feel safe in other places that I have stayed in, but I do here." Another person told us, "I feel safe. I have an emergency red cord that I can pull if I need to and the staff will always come."
- Systems were in place to protect people from abuse. Staff understood different types of abuse that could occur and how to report any concerns. This included outside of the service if required.
- Risks to people's safety had been assessed and managed well. Staff were knowledgeable about these risks and demonstrated they acted to minimise them as much as possible. For example, one staff member told us about the techniques they used to support someone when they became distressed. This calmed them and helped to keep the person, staff and others using the service safe.

Staffing and recruitment

- People told us there were enough staff available to support them when they required assistance. One person said, "Yes there are enough staff. Considering the amount of work they have to do I think they do a wonderful job." Another person told us, "There are plenty of staff. There is always someone around if I need anyone to speak to."
- Staff said they were able to meet people's needs and provide them with support as necessary. One staff member told us how the provider ensured time was built into their day, so they could spend time sitting and talking with people. This they said, helped them to provide people with engagement and companionship as necessary.
- New staff told us about the process they had gone through during their recruitment to the service. They said they had attended an interview and had references taken from their previous employers. They confirmed a Disclosure and Barring Services check had been made to ascertain whether they had any criminal convictions the provider needed to consider as part of the recruitment process. This check was also used to ensure they were not barred from working within the care sector. Conversations with the registered manager confirmed this process was in place.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "They bring me my medicines and I take them. They make sure I don't miss any."
- Some people were supported to take their own medicines where it had been assessed with them that they were safe to do so. This aided their independence.
- The medicine records we checked showed people had received their medicines correctly. There was clear information in place to guide staff on how to give people their medicines safely.

- Staff had received training in the management of medicines. Their competence to give people their medicines safely had been assessed at various intervals in line with best practice guidance.

Preventing and controlling infection

- People told us staff took precautions to prevent the risk of the spread of infection. This included wearing gloves and aprons when providing them with personal care.
- Staff had received training in infection control and food safety. They demonstrated a good knowledge of how to protect people from the spread of infection.

Learning lessons when things go wrong

- Staff understood the need to report any incident or accidents that occurred whilst they were delivering support and care.
- The registered manager told us each incident or accident was investigated and action taken to prevent them from re-occurring as much as possible. For example, one person had experienced a choking episode whilst eating. Staff now ensured they reminded the person to cut up their food and were more vigilant when they were eating.
- Although action had been taken to reduce the risk of repeat incidents, records to evidence an investigation had taken place had not always been kept. The registered manager agreed to immediately implement this to demonstrate a clear rationale and audit trail for the decisions made.

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 using the service, people met with the registered manager and were able to spend time in the service to ensure it was the right environment for them.
- People's needs had been holistically assessed. Their physical, spiritual, mental health and social needs were considered. People's preferences on how they wanted to receive support were also sought.
- The registered manager demonstrated a good awareness of best practice and care was delivered in line with the relevant guidance and legislation.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained and competent in their roles. One person said, "Yes they are well trained, they know what they are doing."
- Staff told us they had received enough training and supervision to give them the skills and knowledge to support people effectively. One staff member said that in addition to their mandatory training, they were able to complete courses in subjects tailored to the people they supported. For example, they had completed a course to expand their knowledge of the mental health needs of people who experienced sleeping rough.
- Specialist training had been sought from external specialists to provide staff with skills in areas including how to de-escalate difficult and unsafe situations to help keep themselves and people using the service safe.
- New staff completed thorough induction training and the Care Certificate. This is a recognised qualification within health and social care. The provider also encouraged staff to complete professional qualifications to enhance their knowledge, skills and confidence.

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

- All of the people we spoke with told us they were able to manage their own meals and drinks. Some said staff provided them with practical support when needed, such as helping them with shopping for food.
- Staff demonstrated a good awareness of how to support people to eat and drink enough to meet their needs. They told us if people did not eat or drink enough, that this was monitored, and health professionals were involved as needed.

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

- The service worked with several different agencies to provide people with effective care. For example, staff described how they worked in conjunction with a local alcohol and drug service to help people with their

addiction in these areas. One staff member told us how this joint working had helped some people either reduce or remove their reliance on drugs and alcohol. For one person, this had resulted in them gaining the access to the health support they needed which improved their wellbeing.

- Staff demonstrated they strongly advocated for people's rights to healthcare. They encouraged and supported them to seek assistance from various professionals when required. One person told us how they had been in severe pain for several years which was only solved by the persistent encouragement of staff for the person to seek help. They told us, "If it wasn't for [Registered manager], I wouldn't have gone to hospital. What that lady has done for me is unbelievable."
- The healthcare professional we spoke with, said the communication with them about people's needs was very good. They had total confidence in staff's ability to recognise and advocate for people when they required support with their health.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us their consent was always sought before staff supported them with their care needs. One person said, "Staff always ask me for my permission."
- Staff understood the importance of obtaining consent from people. They had a good knowledge of the MCA and acted in people's best interests when required.
- It was documented in one person's care record they had a Power of Attorney (PoA) who could consent on behalf of them in their best interests if required. However, the registered manager advised they had not viewed proof of this before recording this information.

We recommend the provider reviews information in relation to Power of Attorney's to assure themselves these have been correctly obtained.

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

- Everyone we spoke with told us staff were kind and caring. They also said they were treated with respect. One person said, "They are a lovely bunch. They always treat me fairly." Another person told us, "I know if there is anything I wanted or required, I would only have to ask staff and they will be there."
- Staff demonstrated they knew people well. They were enthusiastic about getting to know people, so they could support them effectively. The people we spoke with confirmed they felt staff knew them. One person said, "The staff know me well. They are always kind and caring."
- The professionals we spoke with told us staff were always seen to treat people with kindness and compassion.
- The provider had recently introduced a new initiative within the service called PIE (Psychological Informed Environment). This had been piloted in another of the provider's services and had proved successful at improving social inclusion and people's mental health. Staff told us they felt this was working well. They had been allocated a specific time of day to sit and spend time with people, helping them to talk about their past and any traumas they had experienced in their life.

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

- People told us they had total freedom to express their views and make decisions about their care that were respected. One person said, "They ask me for my opinion, how I want to receive support. They listen to what I have to say."
- People were able to express their views in several different ways. This included completing comment cards, sitting down with staff in more formal reviews or attending a regular 'tenants' meeting.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. One person said, "They always knock on my door which is nice. It is so nice to have your own front door and staff respect that."
- A key focus of the service was to support people to become more independent and people told us this happened. One person said, "It took me some time to get used to having my own flat. But I never felt alone as I knew staff were there to support me."
- A professional told us how the approach of the staff team had meant some people had found stability in their lives and were now much more independent. For example, one person was now able to go on holiday on their own. Others were able to manage everyday tasks such as shopping or paying bills and accessing the local community.
- Some people had experienced a substantial amount of trauma in their lives before using the service. Staff

we spoke with were very mindful of this and told us they worked closely with people to support them in this area and to gain their trust. A relative gave us feedback stating that staff treated their family member with utmost respect. They added that staff ensured they supported their family member to be as independent as possible which was extremely important to the person to maintain their sense of dignity.

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; 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 told us their needs and preferences were met and that they could freely express how they wanted to be supported. One person told us how staff had helped them with their personal care by making it a special and pampering occasion.
- People had been involved in the development of their care records. These provided staff with a good level of detail about how the person wanted to be supported. This included any protected characteristics or diverse needs. A relative told us how their family member's choices were supported as much as possible and that the person was fully engaged in discussions regarding these choices. They said, "Staff obviously take an interest in [Family member]."
- People were supported to develop and participate in hobbies and activities of their choice. One person told us how staff were supporting them to go swimming regularly which was something they had enjoyed immensely in the past. People could access another service of the provider's called Under-1-Roof if they wished. This offered courses in areas such as IT support or activities including singing, reflexology and mindfulness.
- Staff had a good awareness of social isolation and told us they encouraged people to socialise if they wanted to do this. Visits from friends and relatives were encouraged and re-connections with family were facilitated by the staff where possible.

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's individual communication needs had been assessed and were being met. Staff demonstrated how they adapted their approach to help people's communication. For example, speaking clearly or using body language.
- The registered manager told us information was available to people in different formats such as large print if this was required. They were also developing a video for people which showed how they needed to evacuate the building in the event of a fire. The registered manager had recognised that some people would understand and be more likely to follow the procedure, if they viewed it in this format rather than written instructions.

Improving care quality in response to complaints or concerns

- People told us they did not have any complaints but felt confident to raise concerns if they needed to. One person said, "I would speak to [Registered manager] if I needed to and she would deal with it if she could."
- The registered manager had a system in place to record and investigate complaints when they occurred.

End of life care and support

- People were able to express their wishes regarding end of life care and staff respected these. One staff member told us they had supported a person to visit a local town of their choice before they passed away.
- A professional told us how staff were strong advocates for people to die in their own homes in line with their wishes rather than within a hospital environment. They explained staff had worked closely with them and other professionals to ensure this happened, rather than people passing away in an environment they felt unsafe or 'terrified' in.
- The provider ensured there were enough staff available to be with people at this time if that was what they wished for.

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; 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;

- Everyone we spoke with told us they were happy with the care and support they received from the service. One person told us, "I feel very fortunate to be here, the staff are wonderful. A relative said, "The ongoing care myself and [Family member] has received is second to none. I think the staff do a wonderful job in what must be a very challenging environment."
- There was an open and inclusive culture at the service. The provider, registered manager and staff saw people as equals and worked with them in partnership. People and staff told us the provider and registered manager were approachable, fair and that they listened to them.
- The staff were very happy working at the service and told us they felt valued. One staff member told us how staff had asked for an increase in annual leave entitlement and the provider had granted staff an extra day off each year for their birthday. Initiatives such as an employee assistance programme were in place to support staff with their wellbeing.
- The service had retained their external accreditation in end of life care. This had been awarded to them on the basis they had demonstrated they provided people with good quality individual support in this area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager understood their regulatory responsibilities. The staff we spoke with were clear about their roles and what was expected of them.
- Robust governance systems were in place to monitor and improve the quality of care people received. These included regular audits that were conducted by the registered manager and provider.
- The provider and registered manager demonstrated a drive to continually improve the quality of care people received. For example, the registered manager was developing a booklet for people about how to keep themselves safe in areas such as online or when out in the community. Also, further training was being arranged for staff to help them support people with their mental health in relation to trauma and hoarding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- All of the external professionals we spoke with told us the service was highly thought of within the local community and that the staff were excellent at working in partnership with them. One professional told us the service was very valued as staff were able to provide stability and support to people where many other

services had not been able to.

- The service had assisted the local authority with the moving of some people into a new service. The staff had been chosen due to their knowledge within the mental health sector. A compliment had been received from the local authority thanking the registered manager and the staff of Webster Court, for their commitment to partnership working.
- People were engaged in the running of the service. For example, potential new staff were introduced to people and spent some time chatting to them. People's views were then sought and listened to regarding whether they felt this person was suitable to work with them.
- Some people using the service had contributed to a published book, telling the author about their experience of being homeless. This was to educate and increase awareness amongst the public about the subject.
- Good links with the community were in place for the benefit of people using the service. These included with the local library, horse riding stables and funeral directors who had worked with some people with the development of their end of life wishes.