Housing & Care 21

Housing & Care 21 - Westhall Court

Inspection report

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Website: www.housing21.co.uk

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14 November 2016

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 10 and 14 November 2016 and was announced. At the last inspection completed June 2013 the provider was meeting all of the legal requirements we looked at.

Westhall Court is an extra care housing scheme that provides accommodation and care for up to 87 people. As part of the scheme the service is registered with CQC to provide personal care to people living at the scheme. At the time of the inspection there were 34 people using the service for support with personal care.

There was a registered manager in post. 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.

Quality assurance checks had not always identified the areas where improvements were needed. Care records in relation to medicine management and health needs required more detail so staff had all the information they needed to ensure people's needs were consistently met. The provider had not always notified us about changes in the service, for example change of registered manager and they had not kept their statement of purpose up to date to reflect these changes.

People were protected by a staff and management team who knew how to recognise and report potential signs of abuse. Staff understood the potential risks to people's safety and knew how to reduce the risk of harm to people. People were supported by sufficient numbers of staff who had been recruited safely for their roles. People received their medicines as prescribed by their GP.

People were enabled to consent to their care and support. People were cared for by staff who had the skills to support them effectively. People were supported to meet their nutritional and day to day health needs.

People were supported by a staff team who were caring in their approach and understood people's needs. People were enabled to make day to day choices about their care. People's privacy, dignity and independence were promoted and they were treated with respect.

People were involved in planning and reviewing their care. The care people received met their needs and preferences. People told us that they knew how to complain and felt confident their concerns would be addressed by management.

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.

People were protected from harm because staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received care and support that met their day to day needs.

Staff were provided with on-going training and support.

People were supported by staff that ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs and the service worked with other professionals to ensure that people maintained their health and wellbeing.

Is the service caring?

Good

The service was caring

People were supported by a staff team who were kind and caring.

People were enabled to make day to day choices about their care.

People's privacy, dignity and independence were promoted and they were treated with respect.

Is the service responsive?

Good

The service was responsive

People received care that met their needs and preferences.

People felt they were involved in developing their own care plans.

People told us they knew how to complain and felt confident their concerns would be addressed by management.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance checks were completed to identify areas for improvement within the service, although these had not always identified where improvements were needed.

People were supported by a committed and motivated staff team.

Housing & Care 21 - Westhall 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 was planned to check 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 10 and 14 November 2016 and was announced. The provider was given 48 hours' notice. This is because we needed the provider to obtain consent from people using the service that they were happy to speak with us to share their experiences about their care. The inspection was carried out by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We also reviewed information that had been sent to us by the public. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document that we ask providers to complete to provide information about the service. We used this information to help us plan our inspection.

During the inspection we spoke with 12 people who lived at the service. Nine of the people used the service for personal care and with people's consent we visited six people's apartments. We spoke with the registered manager, care coordinator, senior care and five care staff. We reviewed records relating to people's medicines, four people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance. We carried out observations across the service regarding the quality of care people received.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at the service. One person told us, "Yes I do feel safe living here". Another person told us, "I do feel safe. I have an alarm which I wear around my neck and if I need help I can press the button and they [staff] will be here to help me".

Staff had received training in protecting people from abuse and had an understanding about the types of potential abuse. Staff told us that they knew the different types of abuse that could take place. Staff told us that they were confident that the management team would ensure that any concerns were dealt with appropriately. A staff member told us, "I would always report any concerns to one of the managers. I am confident that they would deal with any concerns appropriately". The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The registered manager was aware of their role and responsibilities in raising and reporting any safeguarding concerns to relevant authorities such as the police and the local safeguarding authority when it was required. This ensured plans were put in place to protect people from the risk of abuse. We saw that information was displayed about safeguarding so staff had information to refer to if needed.

People were protected by a staff team who understood the risks to them and the steps required to reduce the risk of potential harm. Staff we spoke with were able to describe the specific risks to individual people at the service and how to protect them from harm. We saw risk assessments were in place and these outlined the risks to people and the steps staff needed to take to protect them from harm. Staff told us and records confirmed that they had received training in areas such as moving people safely, first aid and fire safety training. The registered manager showed us the systems they had in place to review incidents and to reduce the risk of reoccurrence.

Staff spoken with knew the procedures for handling any emergencies in the service such as medical emergencies. A staff member told us, "If you go into an emergency situation, you deal with it. We would call the emergency services first and then pull the Tunstall [call system] to let the senior staff or manager know what is happening. Our priority is the person and getting the emergency services out to them". This meant that the provider ensured that emergency procedures were in place to ensure the safety of the people that lived there.

People who used the service told us that they felt that there was enough staff to meet their care needs. Staff we spoke with reported no concerns about staffing levels. They told us that some of the more complex calls could run a bit over and this was because they wanted to ensure people received the care they needed. There was always two staff members during the day not allocated calls who were available to respond to people's request for care and support in between their planned care calls. The registered manager told us that there was adequate staff employed to meet the needs of the people requiring care calls. Senior staff were available to cover calls and also provided an on call service out of hours to advise and support the staff team. We saw that the on call arrangements were displayed so staff would know who to contact out of hours if they needed to.

Staff spoken with told us that the appropriate recruitment checks had been carried out before they were employed to work in the service. A staff member told us, "They were very thorough with the recruitment and it took a while for my DBS check to come back and I didn't start my job until everything was in place". The provider had robust recruitment procedures employment checks were undertaken before staff started working and included a Disclosure and Barring Service (DBS) check, references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the service were protected from unsuitable staff supporting them.

People told us that they always had their medicines when they should. Staff had training to administer medication safely. A staff member told us, "We have face to face training and on line training and the senior staff will also observe you to make sure you are doing the medicines correctly". We saw checks were carried out through observations of staff practice to ensure competency in this area. Audits of medicines showed these were regularly checked for any errors. Medication administration records (MAR) were used to record the medicines staff had either administered or prompted the person to take. These records were regularly checked by senior staff to ensure medicines were administered as prescribed. There was no one receiving support with their medicines who required their medicine on an 'as needed' basis. The registered manager told us that if this was needed there were systems in place to support people with this need.

Good

Is the service effective?

Our findings

Staff told us that they received support to carry out their role through induction, training supervisions, spot checks, observations of their work and staff meetings. Spot checks are checks made by senior staff to see if staff involved people in their care and if the tasks were carried out in line with care plans and risk assessments in place. A staff member told us, "I feel supported in my role. I mainly go to the senior and or care coordinator with any issues and they are very supportive".

The provider information return told us that the service had a system called FRED (Functional resource educational development) and staff training was monitored and tracked and is used as a tool to identify and plan individual training needs. During our inspection we saw that there was a planned approach to training. A staff member told us, "I am up to date with my training and the managers make sure that your training is up to date and they are helpful and supportive with the training".

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had received training in the MCA and understood about acting in a person's best interest. All staff told us that they respected people's rights to make choices for themselves and encouraged people to maintain their independence. Staff told us that they always asked people's consent before they supported them.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. At the time of the inspection the registered manager had not needed to notify the Local authority about any person that they provided a service to. The registered manager demonstrated to us that she had a good understanding of this legislation.

People we spoke with told us staff always sought their consent prior to assisting them. Staff told us how they would seek consent prior to assisting people with their care and support. They understood people had the right to refuse care and in such situations, they would always contact the office for further support and advice.

Staff told us they provided people with any support they needed at mealtimes and with meal preparation and they told us that meals could be obtained from the restaurant within the supported housing facility. People told us that they were happy with the support they received from staff at meal times. One person told us, "I have some meals in my apartment and I can also go to the restaurant when I want to" Another

person told us that they chose and ordered their meals from a company that delivered meals and staff helped them to heat the meals up. Staff we spoke with described the action they would take if they felt someone was not eating and drinking sufficient amounts. This included, recording people's food and liquid intake and reporting their concerns promptly to the senior management team and family members.

When we spoke with staff they were able to describe how they supported people with their health needs. Staff were aware of their responsibilities for dealing with illness or injury and told us they would call an ambulance or doctor if required and report any concerns to the office and the person's relatives. Staff told us they would support someone to contact a health professional if they felt this was needed or the person requested this. The registered manager and senior staff confirmed that they would make referrals to the appropriate professionals if they felt someone needed additional support, or required further assessments as their needs had changed.

Good

Is the service caring?

Our findings

People we spoke with were positive about the staff that supported them. They told us that staff were caring and kind and they received the help they needed. One person told us, "They are really good staff there is nothing that I can't say to them". Another person told us, "I have a really good rapport with the staff and I am happy living here at Westhall Court" and a third person told us, "Most of the staff are very good".

People told us that care staff respected their privacy and dignity. They told us that staff would always explain what they were doing. One person told us, "They are really lovely staff. I see them as friends. Yes they always explain what they are doing and ask me how I want thing done". A staff member told us, " We always have a conversation about what we are doing, put the person at ease and when supporting with personal care I make sure that I encourage the person to do as much as they can for themselves and if needed I would use a towel to cover the person".

People told us that they were involved in planning their care on a day to day basis and that staff listened to them. People told us they were given choices on a daily basis for example, how they wanted their care to be given.

Staff were positive about their role and the relationship they had developed with people. They spoke about people as individuals. Staff told us that they had built up a good relationship with the people that they supported. A staff member told us, "I enjoy my work and I try and get to know people and what they like. For example I go into [person's name] she loves a cup of tea. I do that first. I listen to her and talk to her about what she likes. I always explain what I am doing". We saw care records contained personalised information.

People were supported to remain as independent as possible. Some of the people we spoke with told us that their very reason for choosing to live at Westhall Court was so that they could continue to live as independent a life as possible with the care calls tailored to what they wanted. One person told us, "I am very happy here. This is where I want to be, it is as close as I can be to living in my own home". Staff told us that they encouraged people to do as much as they could for themselves and they worked with other professionals such as occupational therapist and district nurses to promote people's independence. A staff member told us, "Even if it is something little we would try and get people to do what they can for themselves".

Staff told us that they understood their responsibility to maintain people's confidentiality. They told us that information was kept safe and secure. We saw at the office that arrangements were in place to ensure that people's information was held securely.

Good

Is the service responsive?

Our findings

People told us they were involved in helping plan their own care and support package. One person told us, "I feel fully consulted with about my care. The staff go through my care plan with me and see if anything needs changing". Another person told us how much they had improved since coming to live at the service. They told us, "I felt very down when I was living in my own house. Since I came to live here staff have really helped me. I get the support I need and I feel much better and my health has improved. My family are so happy that I came to live here". Care records we reviewed contained information about people's care needs for staff to refer to. We saw that considerable work had taken place to improve the detail in people's care records particularly in relation to risks associated with people's care. For example, risk in relation to people's health care needs and risks in relation to being supported to move safely. We saw that staff kept people's care records updated with information about the care provided to people and the information that had been shared during the staff handover.

People told us that they mainly got the same care staff and that staff stayed for the length of their care call. One person told us, "They will always ask me if there is anything that needs doing before they go". We saw that people could request additional calls at short notice, for example extra care calls after a hospital stay or if a person's needs had changed. We saw that there was an electronic system in place for planning calls and staff spoke to us about the system and how they would ensure as far as possible, that people received some consistency with the staff allocated to carry out the care call.

Care records described people's preferences and what people could do for themselves to maintain their independence. For example one person's care records said, 'Hand the person the comb so they can comb their own hair'. People's preferences, life histories and interests were recorded so that staff had the information they needed about each individual. This helped to ensure that people received individualised care and support in line with their preferences.

People told us they knew how to raise a complaint if needed. Some people told us that there had been lots of different managers at Westhall Court and that this had been unsettling for them. However, people said there was always a staff member, the senior or care coordinator to speak with if needed. We saw the registered manager kept a record of complaints received and they recorded any actions that had been taken and the records showed that people's complaints were heard and responded to in an appropriate way.

We saw that the provider sought people's views and opinions about the service in order to make any required improvements. We saw that feedback surveys were completed with people and their relatives at regular intervals. We saw the registered manager analysed the information received in order to identify actions required to improve the service to people.

Requires Improvement

Is the service well-led?

Our findings

We looked at the quality assurance systems and saw a range of quality checks and audits were in place. We saw quality checks had identified areas that needed improvement. We saw action plans had been developed as a result of prior audits and work was in progress to make the improvements needed. For example, people's care records were being improved so that they were more detailed and personalised. We identified some areas during the inspection where improvements were needed. Records in relation to medicine management did not always reflect the support that staff were providing to people. Some records required more information to explain the reasons why care was not delivered as detailed in the person's care plan and some additional information was needed about some people's health care needs for example, some additional information was needed about a person's diabetes care and clarification was needed regarding information in relation to risk that was recorded in information gathered before admission and staff told us this was no longer a risk. The registered manager and senior care team acknowledged that there were some areas of the service that required improvement. They responded very positively to the inspection process and feedback and demonstrated a commitment to continue to improve and develop the service. They knew the needs of the people that lived at the service well.

There was a registered manager in place who had been appointed as manager and registered with CQC recently. The provider had not always notified us about changes in the service, for example change of registered manager and they had not kept their statement of purpose up to date to reflect these changes. However, at the time of the inspection the registered manager took action to ensure that we were notified formally about these changes. We saw that when incidents had happened in the service the registered manager had notified us about these as they were required to do so by law.

People that we spoke with spoke with shared some dissatisfaction about the management changes at the service and how these were managed and communicated. However, people were satisfied with the care that they received. When we carried out our inspection we also spoke with people in and around the service who did not receive the regulated activity of personal care and so were not part of our inspection process. However, we did hear comments made about the complex needs of the people moving into the service. Some of the comments made were disrespectful to people who had care needs. The registered manager told us that meetings took place with people at the service to resolve any general problems. Clearly these issues will need addressing so that they do not impact on the welfare of the people who need care and support.

We saw that staff shared information at the point of shift change over and a record of these discussions were kept. We also observed part of the managers meeting when the registered manager and senior care team met to discuss the running of the service. This included discussion in relation to a new person coming to live at the service, staff update on training and induction arrangements and progress on the action plan produced following the internal audit. We saw that staff meetings took place and provided the opportunity for staff to discuss important issues relating to their role. Minutes of the meetings showed that these were also an opportunity to keep staff informed about wider issues related to their role. CQC inspections were discussed and the providers responsibility under the duty of candour. All staff spoken with told us that any

concerns they had about the service would be passed onto senior staff or the registered manager and they were confident that these would be dealt with appropriately.

We asked how the registered manager ensured that all the equipment used by staff in people's apartments was safe to use and maintained and serviced in accordance with the manufacture's guidelines. She explained that arrangements were in place with the person and the different providers who loaned and serviced the equipment. However, during the inspection she took steps to improve her oversight of these arrangements and implemented a system so that she could be confident that all equipment that staff was required to use in their care role was fit for purpose.

The provider information return told us that road shows had taken place with staff to consult with them about improving the service and also to improve as an employer and staff benefits had been reviewed as a result of this.