

St Martins Housing Trust

Webster Court

Inspection report

13-49 Lakenfields
Norwich
Norfolk
NR1 2HB

Tel: 01603667706

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Webster Court is a Sheltered Housing Project offering personal care for people with a history of substance misuse. At the time of our visit, there were 24 tenants at Webster Court who were using the service.

There was a registered manager in post, who had been in post since the service commenced two years ago. 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 service was safe. Staff had assessed risks to individuals and mitigated them appropriately. Staff and people using the service were aware of safeguarding procedures and knew how to report any concerns they had. There were enough staff, and they were flexible to meet people's needs. There were systems in place which ensured staff were recruited safely.

Staff supported people safely to take their medicines and the records were clear. Where needed, staff provided prompting and different levels of support for people to take their own medicines.

People received a high standard of care from trained staff who had an understanding of their specific needs. Staff felt supported at work. They sought consent before delivering care and were aware of individuals' mental capacity to make decisions. Staff supported people to access healthcare services promptly when required.

Staff supported people to eat a choice of freshly made meals and a balanced diet, and referred people to specialist healthcare professionals if needed.

People were cared for by staff who knew them well and adapted their communication effectively with them, which empowered people to be involved in their care and make their own decisions. People were consulted about their care when planning and reviewing their needs. Staff supported some people to maintain a plan for consumption of alcohol, so that this could be managed safely. Staff promoted people's independence, and respected people's privacy and dignity.

People received individualised care according to their own needs, and when they changed, staff responded appropriately and were flexible. People felt comfortable to talk with staff if they had any problems.

The staff worked well together as a team, with a positive, compassionate attitude, and good leadership was in place. There were systems in place to ensure that high quality care was delivered continuously and any potential problems would be identified in a timely manner.

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.

Staff knew about safeguarding procedures. Risks to individuals were assessed and managed safely.

People received support with medicines safely if they required it.

There were enough staff to support people and they were recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff received effective training and were competent in delivering care to people. The induction process was robust and staff received supervision and support.

Staff supported people with their meals and drinks when required, and to access healthcare.

Staff asked people for consent and were aware of their capacity to make decisions.

Is the service caring?

Good ●

The service was caring.

Staff were passionate about delivering a high standard of compassionate care to people, and went out of their way to provide this. They built trusting and supportive relationships with people and their families.

Staff respected people's privacy and dignity and encouraged independence where appropriate.

People were involved in making decisions about their care and their views were acted upon.

Is the service responsive?

Good ●

The service was responsive.

Staff were flexible when people's needs changed and responded effectively. They met people's preferences when providing care.

There were clear plans for people's care with guidance for staff on how to meet people's needs.

People and their families were confident to raise any concerns should they have any, and knew who to contact.

Is the service well-led?

The service was well-led.

There was good leadership in place. The registered manager was supportive to staff and there was high morale. The staff worked effectively as a team.

There were systems in place to assess, evaluate and improve the service.

Good ●

Webster 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 22 May and was announced. As the service operates from an office and staff go into people's own homes to deliver care, we needed to be sure that the registered manager and some staff would be available to speak with us. The inspection team consisted 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.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This 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.

During the inspection, we spoke with four people who used the service and three healthcare professionals. We also spoke with four members of staff including the registered manager, and three care and support staff. We checked five people's care records and five medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records.

Is the service safe?

Our findings

The people we spoke with said they felt safe with staff. One person told us, "My sister is so happy that I'm in such safe hands." Staff and tenants had been given information and contact details about safeguarding. Staff had also received training in this area and were able to tell us what types of abuse could happen to people and how they report any concerns. We also saw within people's records that the risks of abuse to people as individuals had been assessed and considered, and there was guidance in place for staff on how to support people to keep themselves safe from the risk of exploitation, where needed.

There were risk assessments in place within people's care records, ranging from risks to people's physical wellbeing to people's mental and emotional wellbeing. The risk assessments provided guidance to staff on how to mitigate risks, for example supervising some people when eating their meals due to a risk of choking. The records also contained risk assessments for guiding staff on how to work with people when they were in distress and may become a risk to themselves or others, or for some people with regards to alcohol intake. Other risks to people, such as their risk of developing pressure areas were also assessed and mitigated. There were health and safety checks carried out with people in order to support them to keep their homes safe for themselves and staff. Staff reported in detail any incidents relating to health and safety, and appropriate actions were taken to further mitigate risk where needed.

People told us that staff supported them to take their medicines if they needed. We looked at medicines administration records (MARs) and found that staff signed them when they had given the medicines, or used correct coding to explain why a medicine had not been given. For people who received 'as required' medicines, staff had recorded when they had been given. However, there was not specific guidance in place for staff to know exactly when to administer these. This meant there was a risk of these being administered inappropriately. The registered manager developed a protocol which contained guidance for staff on when and how to administer these medicines, and sent us this promptly following the inspection. There was a system whereby the pharmacy supplied medicines for people already in daily labelled blister packs, which minimised the risk of the wrong dose being given.

The MARs front sheets also contained any allergies in red and the person's photograph, which minimised the risk of staff giving the incorrect medicines to a person. However, this sheet did not have people's preference recorded. We saw in people's care plans that their preferences on how they liked to take their medicines were recorded, and the registered manager said they would add this into the MAR front sheet also, so they would have it to hand when needed.

Some people using the service were able to take their medicines independently, and this was risk assessed and reviewed regularly. People received different levels of support from staff. For example, some people received the daily medicines from staff during their morning visit, and staff prompted them on subsequent visits throughout the day, whereas some people received full support with their medicines.

There were enough staff to keep people safe and visits were completed when people needed them. The staff told us they had plenty of time to spend with people to deliver their care without rushing, and talk with

people when needed. None of the people we spoke with expressed any concerns around staffing levels. The registered manager told us that if staff were absent, there were relief staff to cover or staff would swap shifts within the team, or the registered manager could cover if needed.

Staff were recruited safely which helped to ascertain whether they were suitable to work with the people at Webster Court. The checks completed included the Disclosure and Barring Service (DBS) checks, which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. They had also obtained at least two references from previous employers. This helped to contribute to people's safety when receiving support from the service.

Is the service effective?

Our findings

Without exception, all of the people we spoke with said that staff were competent in their roles and knew what they were doing. We saw that staff had received training relevant to their roles. This included food hygiene and infection control, as well as personality disorders, dementia and alcohol training. One member of staff told us that the training had taught them more about changes in the body due to alcohol addiction and this helped them to meet people's needs through understanding them. They also gave an example of how the training in dementia had enhanced their understanding of one person's behaviour and support needs. Staff were able to tell us about alcohol withdrawal symptoms and how they supported people with this.

We spoke with one member of staff who told us about their induction when they started work with the service. They said they shadowed a more experienced staff member for several shifts and began to work independently when they felt confident to do so, and received ample support from both colleagues and the registered manager. New staff completed the Care Certificate, which is a national set of standards expected from staff within care settings. All of the staff we spoke with told us they had regular supervisions, which provided an opportunity to talk through their roles, and any concerns they had. We looked at records of some supervision's and saw that these discussions had taken place, and included reviewing training and support needs for staff.

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.

All of the staff we spoke with demonstrated they had a good understanding of people's varying capacity, for example regarding one person who was living with complex mental health problems and had varying levels of understanding. The staff explained how they empowered the person to make their own decisions, for example through the way in which they communicated. The people we spoke with said that staff always asked them for consent before delivering care to them, and staff also reflected this. The staff did not use restraint in order to restrict people, however they were aware of when the police needed to be contacted if there was a need for restraint.

The care records we viewed contained information about people's mental capacity and what support staff needed to give people to enable them to be involved in conversations and decisions about their own care. Where people had difficulty in understanding decisions that needed to be made, records were made of which healthcare professionals were involved in having relevant conversations with people and the staff at Webster Court.

Staff supported people to eat a healthy balanced diet. This included supporting them to eat their meals within the communal dining room in the building, which people told us were good. They had the

opportunity to eat a choice of hot freshly made meals. The people were also able to have support from staff to eat their meals in their flats if needed. Where staff were concerned about people being at risk of dehydration or not eating enough, they contacted a dietician for support. People were supported to be weighed regularly so that staff could monitor this.

All of the people we spoke with said that staff supported them to access healthcare if they needed. They said that staff arranged appointments for them and escorted them to appointments if needed. We saw in some people's records, where they found it difficult to engage themselves with healthcare professionals, there were plans in place for staff to support them to engage with other services. A healthcare professional we spoke with told us they felt the service managed to support people who had not previously engaged in health services, to engage more and thus enhancing their wellbeing. The service worked alongside other organisations such as Julian Support, to ensure that people had opportunities to engage in support offered. All of the healthcare professionals we spoke with told us that the staff communicated effectively with them and followed any recommendations regarding people's mental health needs. The staff also supported people to access opticians and chiropody services on a regular basis.

Is the service caring?

Our findings

One person explained to us how staff treated them with dignity and respect around their 'disability'. Another person said, "The staff are kind, caring and respectful." Another said, "I'd be lost without them [staff]." This person also said that staff continued to take care of their washing when they went into hospital, to ensure that their home was ready for them to return to. They said, "I felt so cared for in that moment." Without exception people told us that staff kept to their word in doing what they said they were going to do, which helped people to build and maintain trusting relationships with them. They also said that staff were very approachable if they wanted to talk. A healthcare professional told us that they felt staff went beyond their duties at times to ensure that people were supported well, and people's wellbeing was of great importance to the staff. We saw staff interacting with tenants within communal areas of the building, and observed them to communicate in a respectful, compassionate manner with people, whilst maintaining appropriate boundaries.

Staff told us how they adapted their communication to different people so that they could make themselves understood and reassure people. For example, one staff member told us how they encouraged one person to have personal care, by providing reassurance, reasoning and reinforcement, and catching the person 'at the right time.' They said that knowing people well helped them to ensure people received the best support.

The service supported people to be as independent as possible, through empowering and encouraging people to do as much as they could for themselves. This included supporting people to do their own personal care, cleaning and managing their mobility and finances as effectively as possible. One person said, "Staff help me manage my money well and this is very helpful." A member of staff told us, "I try to encourage independence by not jumping in and doing everything." They explained how giving people time to do things promoted their independence, and gave an example of one person who had developed their independence with the service to the stage that they did not need as much support from staff as they had when they first came to the service two years ago.

The people we spoke with also told us that staff respected their privacy, always knocking on their doors before entering their flats. The staff we spoke with also told us how they maintained people's privacy as much as possible when delivering personal care, for example, closing curtains and ensuring that people were covered up as much as possible. One staff member explained how they supported one person to shower with dignity, "It's being discreet when talking about personal care, talking [person] through the process and making sure everything is ready beforehand."

The registered manager told us that the service has been successful at delivering dignified and compassionate end of life care, and they had supported some staff to go through a qualification for end of life care. They gave an example of when they had supported one person with their wishes and support needs at the end of their lives, which involved the collaboration of the staff team and actively listening to the person's preferences. The registered manager also told us that a local funeral director had been in to provide further training to staff.

Is the service responsive?

Our findings

People's care records contained detailed pre-assessments of their needs prior to starting with the service. This meant that the registered manager could ascertain whether they were able to sufficiently meet someone's needs. The pre-assessments were completed with relevant healthcare professionals' input, and contained detailed history, preferences, health and daily support needs for each person. The care records were a running document which was regularly reviewed, amended and updated as needed, recording any changes to people's care needs. The records contained plans detailing what support people needed in different areas, for example with showering or continence needs to support with shopping or going out. Each plan was different in reflecting the needs of the individual. A healthcare professional we spoke with said, "[Staff] really see people as individuals and try to fit the support around them. They're very flexible." They also said that staff focussed on goals with people, which helped them to take control over their lives as much as possible.

Care and support plans were in place for each individual, and were tailored to each person's needs. The staff had supported some people to develop a 'drink plan', which was a plan to manage their alcohol intake. This empowered people to manage their addiction.

The staff responded to people's changing health needs in a timely manner. One person we spoke with told us that staff had been very helpful in supporting them following a fall recently. We saw that the records reflected changes in people's needs, and any recommendations from healthcare professionals. The registered manager explained to us how they involved other healthcare professionals in people's care when needed, and how they worked together to find alternative placements for people if they were no longer able to meet their changing needs.

People we spoke with told us that staff knew their needs well, and that staff were responsive to their requests and support needs. In addition to providing personal care, one person said staff assisted them with aspects of their life which enhanced their wellbeing, "The staff are really kind, helping me buy CDs online." A healthcare professional also told us that staff had a thorough understanding of their clients' needs. People were also regularly supported by staff to access the community and go out and do various activities.

Where people had difficulties with their mental health, staff supported them with their needs on an individual basis. We observed one tenant within a communal area of the building, who became distressed towards some other tenants. We observed that staff de-escalated the situation and restored calm and wellbeing effectively, offering the person in distress to return to their flat with them and talk things through.

Without exception, all of the people we spoke with told us they felt involved and consulted around decisions around their care and support needs. Where appropriate and when people had family members involved in their lives, the registered manager maintained contact with them when needed and discussed people's care needs with them. People were able to choose when staff supported them to have a shower or bath, get up or go to bed. Staff confirmed that they were able to be flexible around people changing their minds, and meet their needs on people's own terms.

Although all of the people we spoke with said they felt comfortable to raise any concerns with staff, and they said they did not have any complaints, not all of them knew how to complain. We saw that there was a concerns and suggestions box within the communal entrance to the building where people lived, which they had access to, and that people were given a handbook. This contained information about how to complain. However, the people we spoke with said they did not know about this. They said they had not been asked for feedback about their care. We fed this back to the registered manager so that they could look at ways of increasing people's understanding around this.

There were regular meetings which the tenants of Webster Court could attend to discuss the service. We looked at some minutes taken during these meetings, and saw that the registered manager had reminded people of the complaints procedure during this years' meeting in March.

Is the service well-led?

Our findings

The people we spoke with knew who the registered manager was and told us they had regular contact with them, and were able to speak with them whenever they needed to. The staff team all told us they worked well as a team, one staff member saying, "We [staff] all talk to each other to solve a problem." They communicated with one another regularly about people's needs, and with the registered manager. Two members of staff described the registered manager as having an 'open door policy', which meant they were always available when needed. A healthcare professional we spoke with described the registered manager to us, saying, "[Registered manager's] communication is always very good, open and honest, and you always get a quick response." They said the registered manager worked to solve problems in order to adapt support needs to people in order to accommodate them.

The registered manager carried out monthly audits to assess and monitor the service being delivered. These included checking that medicines were safely administered and checking care plans as well as health and safety. These were further supported by bi-monthly audits completed by the registered manager's line manager, who came to the service to review a sample of care plans, MARs and staff training and support. We saw that where they found any areas for improvement, these had been acted upon and completed. The registered manager said they had supervisions and felt supported by the provider.

The organisation carried out an annual review of the service which culminated in a report, which had information about changes and developments within the service, any news and included case studies and specific examples of successful care delivered to individuals. We looked at the 2016 report, and saw that it reported on successful end of life care, the service's values on individualised care, and included examples of other organisations and local projects which the service worked with.

There was a two yearly staff survey which was completed, which asked staff about their roles and support at work. We saw that the last one had positive results from staff. We also looked at some minutes from recent staff meetings. We saw that one recent discussion consisted of discussing behaviour which some may find challenging and keeping professional boundaries with regards to a person with complex needs, as well as recording. We found that the meetings were used to discuss relevant topics and examples which supported staff in their practice. When they started with the service, staff were also supplied with a handbook which contained relevant information including whistleblowing and safeguarding.

The people we spoke with did not remember being directly asked for feedback about the service they received, however they said they had no concerns. The organisation held monthly 'tenants meetings', which people were invited to attend in order to remain informed about any changes to the service and discuss any improvements they felt needed to be made. We looked at some records of these and saw that people were involved in group discussions about any changes to staff, and upcoming events within Webster Court and for the tenants within it.

The service had strong links with others in the community, working in partnership with other organisations which helped provide more holistic support to people. For example, they worked alongside Under One Roof,

who provided activities to the tenants, as well as organisations such as Julian Housing and the community mental health teams, as well as local day centres.

The registered manager understood what incidents they needed to report to CQC or the local authority, which included safeguarding incidents, police incidents and notifications of serious injuries or deaths. We found that the information we gathered during our inspection reflected the information the registered manager had given us in the PIR (provider information return) they had submitted.