

Housing & Care 21

Housing & Care 21 - Winton Court

Inspection report

Park Lane
Winlaton
Blaydon On Tyne
Tyne and Wear
NE21 6AT

Tel: 03701924076

Website: www.housing21.co.uk

Date of inspection visit:

26 June 2017

27 June 2017

Date of publication:

07 August 2017

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

This inspection was unannounced and was carried out on the 26 and 27 June 2017. We last inspected in December 2014 and the service was rated as good. We found at this inspection that the service remained good.

Winton Court provides personal care for tenants living at Winton Court. At the time of our inspection there were 40 people receiving services at Winton Court. The personal care people receive is regulated by the Care Quality Commission, but the accommodation is not.

People told us they felt safe at Winton Court. Staff confirmed they felt there were sufficient staff to support people and people told us staff always visited them for the required length of time.

Records showed that where required, risk assessments were completed and personalised to the person receiving services.

All staff had up to date training in safeguarding vulnerable adults. The service had a payment system for the on-site shop, hairdresser and restaurant allowing people to pay at a later date. This also allowed family members to support people with their money and helped prevent financial abuse.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The staff received training they needed to carry out their roles effectively. They were supported in their role by the registered manager and seniors and received supervision at least every three months. Staff supervision had a standard agenda so all key areas were covered with each staff member. Staff also had an annual appraisal.

People told us staff treated them with respect and always helped them to maintain their dignity. Each person had a profile describing how staff should knock and enter their flats. People told us they felt comfortable with all the staff who supported them and relatives told us they felt everyone had developed caring relationships.

People told us they were regularly asked for their views and input into the service, whether that be via small questionnaires delivered through their door or face to face chats.

We noted the service organised regular events for people living at Winton Court. These varied between women's clubs, men's clubs, bingo and church service at Winton Court. The service was adapting a room to become a cinema room.

We saw information on how to complain was also advertised on notice boards in communal areas. People

told us they would be comfortable raising any concerns.

All staff we spoke to were positive about the leadership and support to the staff team at Winton Court. They told us the registered manager was approachable and a part of the bigger team.

We saw the registered manager and other senior staff completed a number of audits to ensure the quality of the service was maintained. Where issues were highlighted action was taken.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Housing & Care 21 - Winton 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 comprehensive inspection took place on the 26 and 27 June 2017 and was unannounced. This inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are records of changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted local commissioners of the service for their feedback.

During the inspection we spoke with seven staff including the registered manager, three people, three relatives and one external professional prior to inspection. We observed a staff handover between shifts.

We reviewed four people's care records. We looked at the staff supervision and training records. We also reviewed three staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the governance, quality assurance and management of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person commented that the building was secure with a key fob entry system from the communal areas. They said, "I can leave my door on the latch when I am in. The staff know to knock and shout before entering so I know if anyone is there." All the people we spoke with felt safe and secure, commenting positively about the security of the gardens and having staff on call 24 hours a day.

Staff told us they had completed training in how to identify and report any concerns that a person was at risk of abuse. Where staff had concerns about an individual being at risk of harm they told us they would know how to take the appropriate action to protect the individual and other people who could be at risk.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records as and when required to guide staff on the actions to take to protect individuals from harm. These records were personalised for each person using the service.

People and relatives told us the staff were always on time and they, or their relative felt comfortable with their support. People said staff stayed for the appropriate and expected length of time each time they visited. The staff told us there were enough staff employed to care for and support everyone using the service.

The registered manager told us there was always two waking care staff available throughout the night. Staff said this was essential as if there was an emergency there was always a second person to help, or a staff member would be available to assist someone to hospital if required. During the day there were six staff in the morning and five in the afternoon. This was based on the assessed needs of people using the service and was subject to regular review.

Staff personnel files showed that the provider had a robust recruitment system in place. This helped to ensure only suitable people were employed to care for vulnerable adults with complex needs. Staff confirmed they had undertaken these checks.

The service's medicines audits and checks were recorded and stored safely and correctly. People had secure storage areas in their flats and maintained as much independence in managing their medicines as possible. All staff had completed training in the safe handling of medicines and were subject to competency checks. Where issues arose the registered manager took action to prevent reoccurrence

Staff were provided with protective clothing and had completed training in infection control, having access to gloves and aprons. The communal areas of the service were clean, odour free and decorated and furnished to a high standard. People had their own furnishings in their flats. The registered manager told us the service was about to undergo a refurbishment.

Is the service effective?

Our findings

People and relatives told us they thought the service was effective at meeting people's needs and that staff seemed well trained. One person told us that staff were good at their jobs, they commented, "I would say they are all confident in their different roles. One thing about it they're very hands on, nice people". One relative agreed, they said, "Yes, they seem very well looked after here, [relative's] the healthiest they've been since they came in here".

The service provided staff with training relevant to their roles. Staff received an initial induction when they started working at the home, which included a period of time during which they shadowed a senior staff member. After this, staff were supported in their roles through the provision of regular training, supervision sessions and annual appraisals. Staff said they were well supported and they were offered the opportunity to complete additional training and could always approach a member of senior staff or the registered manager for advice or guidance.

We discussed with the registered manager the training for the service and noted that all staff received mandatory training, including moving and handling, safeguarding vulnerable adults and nutritional wellbeing. Staff also received additional training such as promoting positive behaviour and training in death, dying and bereavement.

People were supported to access other healthcare services in order to maintain good health. Health care needs were met through people's GP and the district nurses if any treatment was required. Other external health care professionals were accessed for example, the dietician and speech and language therapist. People also had access to dental treatment, chiropody and optical services.

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's capacity to make decisions about their care and treatment was assessed and where appropriate "best interest" decisions were made on people's behalf. Records showed these decisions involved relevant professionals as well as the person's family or representative. Formal consent to care and treatment was also captured in people's records. Staff we spoke with aware of the need to gain people's consent and explained they would respect people's wishes where they declined support.

Staff supported people to eat and drink regularly if required to ensure people received enough nutritious food. This involved working alongside the restaurant staff or people families. We observed the restaurant experience and saw that staff supported people to eat and drink. We saw that one person needed additional support and that staff took time and patience to assist this person. Restaurant staff liaised with the service staff where they had any concerns about someone's changing needs. The restaurant was provided by an

external provider and was open throughout the day and could prepare cooked meals or snacks for people living at the service.

Is the service caring?

Our findings

All of the people we spoke with were very complimentary about the kind and caring nature of the staff team. One person said, "I really like the staff here yes, always kind and friendly, always around." Another person commented, "The staff are lovely people, they will always help me when I need anything." A third person told us, "The staff are really wonderful, always kind and have the time of day for me." Relatives found the staff team to be caring towards them and their families when they called.

Care plans evidenced that people were involved in making decisions about their care and treatment on an ongoing basis. Information was provided, to help people understand the care available to them. There was a range of information or notice boards in the communal areas of the service which contained information about the service, and other local services.

People told us they were free to make choices and their choices were respected. One person said, "Yes, not an issue for me." A relative told us, "Yes absolutely. I had a couple of issues with my [relative] and staff addressed that very well".

People told us their dignity was well preserved and staff always treated them with respect. One person said, "They always knock on the flat door and ask if it's okay to come in." During our inspection we noted staff always knocked and waited before entering anyone's individual flats. Care records showed how staff should respond if people did not answer as usual.

Staff supported people to remain as independent as possible and this was detailed in their care records. Some people spent time in the communal areas; others preferred their own company in their flats. People's friends or family members were free to visit throughout the day and we saw the staff and registered manager interact with them.

People told us they felt comfortable with all the staff and had developed good relationships with each staff member. Relatives commented they felt the staff knew their relatives needs and preferences really well, they said staff made the effort to get to know them and what was important to them.

People could be supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard. The registered manager had information about how to refer to specific advocacy support, staff we spoke with were aware of advocacy services locally.

At the time of our inspection no one was receiving end of life care. The registered manager and staff saw the service as a service for life wherever possible, and many of the people using it had been supported for a number of years. The staff team had all completed end of life training and had liaised in the past with district and other nursing to support people in their home.

Is the service responsive?

Our findings

People and their relatives we spoke with told us they did not currently have any complaints but that if they did, they would feel comfortable and have no problem addressing this with staff or the registered manager. Comments from people included, "Never had any complaints, but I would speak to someone straight way if I needed to, I would be comfortable doing that" and "I have no complaints about the care and no worries or concerns, and I would talk to one of the staff if I had any." Relatives we spoke to agreed, one told us, "Never had any complaints but if I did have any I would be more than comfortable to speak to the Manager."

Before people started using the service their support needs were assessed in a number of areas, including medicines management, personal care, communication and nutrition. Where a support need was identified a personalised care plan was put in place based on how people wanted to be assisted. These could include support with medicines or specific medical or mental health needs. People told us they felt involved and consulted by staff in how their care was developed and then delivered.

In the months after a person's moving into the service, staff spent time getting to know the person as an individual and understanding how they liked to be cared for. This information was incorporated into people's care plans to assist staff in supporting people in the way they preferred. People were actively encouraged to maintain their independence wherever possible. For example, with staff supporting them to cook a meal themselves rather than doing everything for them.

People's care records were kept under continual review. Evaluations were undertaken by care staff who checked daily records and where appropriate made recommendations for care plans to be amended. For example, following a change in a person's needs after hospital discharge. Formal reviews of people's care planning took place on at least an annual basis. People, their families and representatives were involved in this process.

Staff and people told us the service organised regular events for people living at Winton Court. These varied between women's clubs, a men's club, bingo and church services at Winton Court. The service was adapting a room to become a cinema room. People used the hairdresser and restaurant as a place to meet and socialise.

People and their relatives were encouraged to be involved in the running of the service. Tenants meetings were generally held on a regular basis. Quality assurance questionnaires were issued to people. Information gathered through all of these methods was used to improve the quality of the service for people living there. This feedback was displayed around the service and all staff we spoke with felt they were open to new ideas and feedback.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. The service had received two complaints in 2016, investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

Is the service well-led?

Our findings

A registered manager was in place. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

All of the people we spoke with felt the service was well led by a long standing registered manager. People's comments included, "The manager listens to us, she is very nice, caring and approachable. I really like her" and "The manager is lovely, really great with everyone and seems to care about people's happiness." Relatives agreed and told us they felt very comfortable visiting their family members, always felt welcome and that the manager sought them out with any questions or feedback.

There had been recent new starter staff at the service and new recruits had been supported into their roles by the senior members of staff and registered manager. The registered manager had taken steps to ensure that recruitment and retention of staff was being addressed to maintain the consistency of the service. New staff told us how they felt the registered manager set the tone and culture of the service and was supportive of them to be their best at all times.

The registered manager had an 'open door' policy and was a visible presence within the home. Staff were positive about the service they offered. The registered manager was knowledgeable about the service and knew people's needs and preferences. The registered manager held regular staff meetings to keep staff informed of changes within the service and to provide them with the opportunity to raise and discuss concerns. Daily handovers took place to keep staff informed of the health and well-being of people using the service.

Systems were still in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and care plans as well as seeking feedback from people and their representatives. Where areas for improvement were identified, action was taken to improve the service. For example, plans were underway to further improve the garden area to make it more accessible.

The registered manager was supported by quality visits from the provider. These checked that actions had been taken and rated the service against the providers other services.