

Wordsley Housing Society

# Wordsley Housing and Independent Living Services

## Inspection report

Wordsley Housing Society  
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## Ratings

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

# Summary of findings

## Overall summary

About the service:

Wordsley Housing and Independent Living Services provide care and support to people with mental health needs in 'supported living' settings. People received personal care and support to live in shared flats and houses as independently as possible.

In 'supported living' settings, people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection, Wordsley Housing and Independent Living Services supported 25 people who lived in four different buildings.

In the accommodation we visited, some people had a bedroom and shared bathroom, as well as shared communal areas. Other accommodation on the site had kitchen areas for self-catering, and other people lived in shared houses adjacent to the main building.

People's experience of using this service:

- People and their relatives told us that the service met their needs and was safe.
- People were supported by staff who were kind and respectful. People and their relatives were positive about staff and there were enough staff to meet people's needs and support them safely. Safe recruitment procedures were in place.
- People were protected from the risk of harm as far as possible. The registered manager and staff were clear on their responsibilities to safeguard people. Policies and procedures were in place to protect people and staff.
- People's care records provided relevant information and guidance for staff. Some records needed review to ensure they were up to date.
- Some quality assurance systems were in place to monitor and review service delivery and performance. Where audits had been carried out, plans were in place to improve the service as needed. We highlighted to the registered manager that a regular check of care records may help identify when reviews or routine updates were required. The manager planned to ensure regular checks were carried out.
- People were supported to participate in activities, and individual's choices were respected. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place at the service supported this practice.
- Medicines were managed and administered safely and as prescribed by staff who had been trained.
- Staff were supported by the management team, and received training, induction and supervision so that they could effectively perform their roles.
- The provider had processes in place to enable them to respond to people's concerns, investigate them and take action as needed.
- More information is in our full report.

Rating at last inspection:  
Good (report published 13 October 2016)

Why we inspected:  
This was a planned inspection based on the rating at the last inspection.

Follow up:  
We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Wordsley Housing and Independent Living Services

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection was carried out by one adult social care inspector.

### Service and service type:

Wordsley Housing and Independent Living Services provide support living and domiciliary care to people who have mental health needs. The service provides personal care to people living in their own houses, flats and rooms.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

The inspection was unannounced.

Inspection site visit activity started on 2 May 2019 and ended on 8 May 2019. Activities included meeting and speaking with people who used the service, their relatives and other professionals, speaking with staff and reviewing records and documents.

### What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had 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.

We looked at the notifications we had received for this service. Notifications are information about important events the service is legally obliged to send us within required timescales. We used all this information to plan our inspection.

During the inspection, we looked at the care records of four people who use the service and four people's medicine records.

We reviewed four staff files. These contained information about recruitment, training, induction and supervision. We also looked at records related to the management of the service. These included checks and audits, meeting minutes and health and safety documents. We reviewed policies and procedures including safeguarding, whistleblowing, complaints, mental capacity, recruitment and medicines. Some information was sent to us after the inspection. We considered all this information to help us to make a judgement about the service.

During the inspection we spoke with six people who lived at the service. Some people were unable or chose not to tell us about their experiences. We used observation to help us understand people's experience.

We spoke with the relatives or friends of six people who lived at the service. We also spoke with four members of staff and the registered manager. After the inspection, we contacted other professionals who worked with the service for feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to make sure people were protected from the risk of harm or abuse. Safeguarding was discussed at every tenant's meeting and at staff meetings. This ensured people and staff were clear about what they should do if they had any concerns about harm or abuse.
- Staff had received safeguarding training. They knew how to keep people safe from harm or abuse and explained what they would do to ensure people were kept safe.

Assessing risk, safety monitoring and management

- The environment and equipment were safe and well maintained. Risks were assessed, and regular checks were in place to ensure the safety of people and staff. For example, people's bedrooms were regularly checked with them to reduce and manage risks. Servicing and repairs were carried out to keep people safe.
- Emergency plans were in place, and fire drills and training had been carried out to ensure staff and people knew how to respond safely in the event of a fire.
- Individual risk assessments were in place and gave guidance to staff about supporting people safely. For example, with bathing, health needs or specific behaviours. Some risk assessments had not been updated recently, but staff knew people well and ensured people were safe. The registered manager planned to review risk assessments after our inspection.
- Relatives said, "They are safe and looked after. They give [Name] some freedom, but they keep an eye on [them]," and, "[Name] is as safe there as they're going to be anywhere."

Staffing and recruitment

- There were enough staff to meet the identified needs of people who used the service.
- People told us staff were flexible and knew they could make changes to their plans and still have support from staff. One person said, "The staff always help me. They go with me to help me. There's always someone around."
- Safe recruitment and selection procedures were in place. Staff files had pre-employment and other checks in place that confirmed staff were suitable to work with people.

Using medicines safely

- Systems were in place so that people received their medicines as prescribed. This was confirmed by medicines administration records (MARs) which were clear and accurately completed.
- The provider followed safe practices for the receipt, storage, administration and disposal of medicines.
- Staff received medicines training and their competency was regularly assessed. Some staff competency checks needed to be updated.
- A medicines policy was in place and gave guidance about the safe management of medicines.

### Preventing and controlling infection

- The prevention and control of infection was managed appropriately to ensure people were not at risk.
- Staff received infection control training and followed safe practices in handwashing and using protective equipment, such as gloves and aprons.
- The service was clean and odour free. A relative told us, "It's always clean and tidy."

### Learning lessons when things go wrong

- Accidents and incidents were recorded, and actions taken where necessary.
- The registered manager had analysed incident reports over time. This identified themes, and highlighted changes to practice or learning required in the service. For example, three people had experienced a number of falls. Actions taken included finding alternative accommodation for one person, purchasing a lower bed for another, and moving the third person to a downstairs bedroom to better meet their needs. Changes were shared with the staff team in team meetings and handovers.



# 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

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

- People's needs were assessed before they came to the service to ensure these needs could be met.
- People's ongoing care and support needs were assessed with them and recorded in care records. This included information such as the level of support required, individual choices and preferences. The provider used the 'Recovery Star' tool to assess and measure people's needs and progress in different areas of their life. Some people's records required review to ensure they remained up to date.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training which was relevant to their role. Staff spoke positively about the content and delivery of training.
- Relatives told us they felt confident staff were appropriately trained and equipped to carry out their role. Comments included, "The staff are very good. They know what they're doing," and, "I think the staff are excellent."
- Staff were given opportunities to review their own work and development needs through supervision and appraisal. Staff told us they felt well supported. Comments included, "We get enough supervision, but the supervisors are always available. They work the floor, so they know what we need."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Some people had meals which were prepared by staff at the service, and others cooked for themselves. People told us they enjoyed the meals provided. One person said, "The food's really good." Relatives of people who cooked for themselves spoke positively about how staff had supported people to develop skills.
- Support and catering staff were aware of people's preferences, individual nutritional requirements and specific dietary needs. People told us, "If you don't want what's on the menu, they'll make you a sandwich," and, "They know what I need to eat. They keep me well."

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

- Staff worked with other professionals to ensure people received appropriate care.
- People were supported to access routine and specialist healthcare services. Records showed people had received input from GPs, specialist mental health teams, dentists and opticians. Records contained information about people's appointments, and tenants sometimes added comments to these notes.
- A professional who had regular contact with the service told us staff had been very supportive when a person was physically unwell. They said, "[Staff] went above and beyond their remit to support the patient

after the operation. They were available at night to support [them] and were very accommodating to [their] needs."

#### 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. They put training into practice by giving people choice and asking for their consent when offering support.
- People confirmed that they were asked for consent before staff supported them. One person had a sign on their door stating, "Please knock on the door and wait for [Name] to answer." During the inspection, we saw staff following this direction.
- People's families or representatives were consulted and involved when necessary to ensure decisions were made in people's best interests.

## 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and spoke with them in a respectful manner. One person said, "I like the staff. They're really friendly."
- One relative told us, "The staff are really kind and caring. They really respect [Name], they think the world of [them]." Another relative said, "I have great respect for them. They do the best they can."
- Staff understood the need to protect and respect people's beliefs and human rights. Staff received training in equality and diversity. They told us about what they did to respect the religious dietary requirements of one person they supported.
- People had been asked about their needs relating to issues such as culture, diet and spirituality and were supported to follow practices which were important to them.
- People told us they were happy receiving support from Wordsley Housing and Independent Living Services. One person said, "I can highly recommend it," and relatives told us their family members were happy with the service.
- A healthcare professional told us, "The staff appear very caring and supportive of the customers there."
- People were supported to maintain relationships with friends and relatives. Some people were supported to visit family and friends on a regular basis.

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

- Staff asked for people's views about their care. This was via regular feedback surveys, tenant meetings and individual contact with staff. The most recent tenant survey showed that everyone who responded was 'very satisfied' or 'fairly satisfied' with the support they received.
- Information about making a complaint was available in an easy to read format so that it was accessible for everyone.
- People told us they were involved in making decisions about their care. Relatives told us they were not usually involved however people were able to manage this independently with support from staff. Most people's care plans showed that they were involved and consented to the decisions which were made about their care.
- People were encouraged to make decisions about day to day matters such as food, clothing and routines. Staff supported people to spend time where and how they wished.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They described how they did this, for example when supporting people with personal care activities. A staff member said, "It's always in the care plan, and it's agreed with the person. We work with them as individuals."

- Care plans gave guidance to staff about what people could do for themselves and how best to provide support.
- People were supported to be as independent as possible. This included taking care of their bedroom and belongings, communal areas, and maintaining or developing skills in areas such as domestic or cooking tasks.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which reflected their needs and preferences.
- Care plans were developed with people and gave staff information about individual's needs and how they preferred to be supported. They also detailed people's cultural, family, communication needs, as well as their likes and preferred topics of conversation. We highlighted to the registered manager that some care plans required a review to ensure they were up to date. The registered manager planned to check care records and plans following our inspection.
- Care records contained a 'personal crisis plan' to inform staff about the support needs of individuals in the event of a mental health crisis.
- Staff told us they were kept up to date with changes to people's needs and the support they required. Regular handovers and ongoing communication enabled this.
- People enjoyed a wide range of activities which reflected their interests and preferences. For example, attending day centres, community projects, going on trips and holidays. People told us they chose what they wanted to do. One person said, "I come and go as I please." A staff member told us, "A lot of thought goes into what they do; it's their choice at the end of the day."
- The service was aware of people's information and communication needs. These were identified, recorded and highlighted in care plans. The service met individual's communication needs and shared these with other professionals when necessary.

Improving care quality in response to complaints or concerns

- Systems and policies were in place for recording and dealing with complaints.
- The complaints policy was made available to people and their relatives. There was an easy to read leaflet about complaints.
- People told us that they could discuss concerns with staff. One person said, "I've got nothing to complain about. If there was anything, I'd just speak to staff."
- Relatives told us they had never felt the need to make a complaint but added they would feel confident in doing so. One relative said, "I would certainly raise it if I was worried about something. They would listen if you mentioned something."
- The service had been managing an ongoing complaint, but no new complaints had been made in the last 12 months.
- Staff told us they were able to raise concerns or complaints, and a whistleblowing policy was available.

End of life care and support

- No-one was receiving end of life care at the time of our inspection.
- Care records contained questionnaires that people had completed with staff about death and dying. These

provided information about people's spiritual and cultural needs, funeral choices and details about family and possessions. This information would enable staff to support people and respect their wishes more effectively if necessary.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider understood their responsibilities and had informed families, the Care Quality Commission and other agencies about events that had occurred within the service when necessary.
- The provider had values which we saw reflected in the practice of staff during our inspection. Staff told us, "The client always comes first. They're all individuals, that's important." Another staff member said, "We're more person centred now than we've ever been."
- Policies and procedures were clear and up to date. Some reflected current legislation or best practice to ensure people received high quality care.
- Everyone talked positively about how the service was managed and led. One person said, "The bosses are good, they're always around." A staff member told us, "We are well run. We are well looked after; we're more than well looked after."

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

- The management team were well established, and staff felt supported to provide high quality, person-centred care. A staff member said, "Everyone who works here gives 110%."
- Some quality assurance systems were in place to monitor and review service delivery and performance. This included internal and external checks and audits of medicines, housekeeping and health and safety. Updated action plans showed where improvements had been made.
- We highlighted to the registered manager that a regular audit of care records may help identify when reviews or routine updates were required. The manager planned to ensure regular checks were carried out.
- The provider displayed their CQC rating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People met regularly on an individual basis with staff to discuss their care and support needs.
- Tenant's meetings took place every week. Minutes of recent meetings showed a range of issues had been discussed, and actions taken to make changes and improvements.
- People completed questionnaires to provide feedback about different matters. Feedback about the service was positive and showed good standards of care were provided.
- Staff meetings took place regularly. Minutes of recent meetings showed issues discussed recently included people's care, health and safety, staffing, and training.

- Staff felt able to approach members of the management team with concerns, queries and suggestions.

#### Continuous learning and improving care

- Staff were supported through regular supervision and received appropriate training to enable them to meet the needs of people they supported.
- Learning and the improvement of standards was encouraged in staff meetings and supervision.
- The service had received a number of compliments in the form of 'thank you' cards from people who had had contact with the service.

#### Working in partnership with others

- Staff worked in partnership with other professionals and the local community. This ensured relevant support or treatment was available and helped people continue to live as independently as possible.
- People were involved in a wide range of services and activities in the community. A staff member told us, "We really promote social inclusion, it's important to get people out and about and being members of the community."