

Housing & Care 21

Housing & Care 21 - Queensridge Court

Inspection report

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Date of inspection visit:
20 March 2019
21 March 2019

Date of publication:
12 April 2019

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: Housing & Care 21 - Queensridge Court provides extra care housing provision for people aged 55 years and over. The service provides personal care and support to people within a complex of flats. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. People have access to communal facilities including a lounge and a restaurant, which offers hot and cold meals daily. At the time of our visit the service was providing personal care and support to 43 people.

People's experience of using this service:

People and relatives told us they felt safe in their flat and with staff. People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. The management of medicines was safe, staff had completed training and audits were completed. Staff followed infection prevention and control guidance when supporting people. Lessons were learnt, through accident, incident, safeguarding and complaints. These were shared with staff members to ensure changes were made to staff practice, to reduce the risk of further occurrences.

There were enough skilled and experienced staff to meet people's needs. An induction was completed by new staff. Staff received appropriate training and support to enable them to perform their roles effectively. Recruitment processes were in place and followed.

Staff involved healthcare professionals to support people's health needs where required. People received support, with eating and drinking, when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's consent before providing support.

People and relatives said staff were kind and caring. The registered manager and staff team were extremely focused on people's human rights being respected and people living the life they wished to live. Staff showed a genuine motivation to deliver support in a person-centred way and described how individual people preferred their support delivered. Staff told us about the importance of treating people with dignity and respect. Initial assessments were carried out to ensure people's needs could be met. Support plans showed people were involved in their support and they contained appropriate detail for staff to provide effective care and support.

People, relatives and staff had the opportunity to provide feedback about the service. Information was provided so people knew who to speak with if they had concerns. There was a system in place to respond to any complaints. The registered manager worked in partnership with other services to support people quality of life, when needed. Effective systems were in place to monitor the quality of service and action was taken where areas for improvement had been found.

Rating at last inspection: Rating at last inspection: At the last inspection the service was rated Good.

(published 6 May 2016). The overall rating has remained the same.

Why we inspected: This was a planned inspection based on the previous rating of good.

Follow up: We will continue to monitor the service through information we receive. Further inspections will be planned for future dates as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Housing & Care 21 - Queensridge Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 team consisted of one inspector and one 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. Their area of expertise was domiciliary care.

Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means 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:

Our inspection was announced. We gave the service 48 hours' notice of the inspection visit. We needed to be sure the registered manager would be available to facilitate this inspection. Inspection site visit activity started on 20 March 2019 and ended on 21 March 2019. We visited the site on both days to see the registered manager and office staff; and to review care records, policies and procedures.

What we did:

Before the inspection, we reviewed the information, we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning teams. The provider had completed a Provider Information Return (PIR). The PIR is a form providers are required to send us which contains key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During our inspection, we spoke with the operations manager, the registered manager, an assistant care manager, four staff members and the activity co-ordinator. We spoke with seven people who used the service, one relative and a visitor. We reviewed documents and records that related to the management of the service. We looked at five people's care plans, a range of policies, procedures and guidance used by staff in their role, records of safeguarding, accidents, incidents and complaints, audits and quality assurance reports. We reviewed two staff member files and records associated with the management and administration of people's medicines.

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

- People were protected from avoidable harm and abuse. Guidance was in place for staff to follow to ensure safeguarding concerns were investigated with outcomes to help prevent similar events.
- People and relatives, told us they or their family member felt safe. One person said, "I feel totally safe, it is just the fact nobody can get in unless they have got a fob."
- People had access to information about who to call and what to do if they were involved in a safeguarding incident. This included victim support contact details.
- Some people had a life pendant which ensured people could access support if needed.
- Staff had received safeguarding training and understood how to recognise and report any safeguarding concerns for further investigation.
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all the relevant professionals when appropriate.

Assessing risk, safety monitoring and management

- Risk assessments were individualised and included up to date guidance for staff to follow to provide people with safe care and support.
- Staff reported and recorded accidents and incidents, the registered manager appropriately analysed these to look for trends and patterns to reduce risk wherever possible.
- People told us staff used equipment appropriately and properly.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's care and support needs. People told us they received care in a timely way and had a consistent staff team.
- There was an effective staff rota management system in place. Staff said they worked well together to make sure all the visits were covered. One staff member said, "Staffing is getting better, we support each other with shifts."
- Appropriate checks were completed prior to new staff starting work. Staff members were invited to attend a 'meet and greet' with people. The registered manager then obtained feedback which helped to determine compatibility. The registered manager said, "It is their home they should be involved with potential new staff."

Using medicines safely

- Staff followed best practice guidance to help people manage and administer their medicines and provided prompts where people were independent. One person said, "They [staff] sit and talk to you, they [staff] check you've taken your tablets."
- The medicines administration record (MAR) contained the necessary information for administration of

people's medicines. Staff signed and dated the MAR when medicines were given.

- MARs were audited monthly to identify any issues and actions were taken to prevent medicine errors.
- All staff completed training in medication awareness and their competency had been assessed before they were able to administer medications.

Preventing and controlling infection

- Staff followed good infection prevention and control practices to help prevent the spread infections.
- People told us staff wore gloves and aprons and washed their hands in relation to food preparation and personal care.
- Communal areas of the service were clean, tidy and odour free.

Learning lessons when things go wrong

- The registered manager monitored accidents, incidents, safeguarding's and complaints and understood how to use them as learning opportunities to try and prevent future occurrences. For example, team meeting minutes for February 2019 had recorded lesson learnt from a recent safeguarding incident.

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 received care and support according to their assessed needs. Information was reviewed to ensure it was up to date and delivered as planned.
- The registered manager used 'Skills for Care' and relevant guidance from the internet to obtain information to improve the care and support people received.

Staff support: induction, training, skills and experience

- People received support from competent and knowledgeable staff. People and relatives told us staff were appropriately trained. One staff member said, "The training is a good refresher for me." Staff new to care, completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care.
- Staff completed an induction to their role. One staff member said, "They gave me a 'tool kit', which included policies, information about the company and a list of training."
- Staff felt well supported and were given opportunities to review their individual work and development needs. The registered manager said they were currently in the process of reviewing the frequency of staff supervisions in line with the provider policy.

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

- People were assessed to ensure they received the required support to maintain a healthy diet and any dietary needs or personal preferences were supported. A staff member said, "One person enjoys Jamaican food. A staff member travels to specific areas of Birmingham to get the required ingredients, so they can support the person with their meals."
- People had their own facilities for making their own meals and snacks in their flats. They also had access to a restaurant where meals were prepared for them.
- Where appropriate, support plans ensured staff had the information relating to a person's eating and drinking needs.

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

- Staff attended and the management team held handover meeting at the start of each shift, so they were aware of any issues, which may have arisen with people's support needs. One staff member said, "Some staff work well together as a team, we go to handover, this tells you if people's needs have change or if they have any appointments."
- The registered manager attended monthly meetings with the provider and other managers to discuss best practice or if anything was working well in a different service that could be adopted.

- People were supported to access and receive healthcare services to maintain their well-being. One person said, "If it's serious, staff would call the GP."
- Records of healthcare professional visits were recorded and outcomes were used to update people's support plans.
- People had a 'hospital admission sheet', which provided 'must know' information for other healthcare professionals to be aware in the event they needed to go to hospital.
- A community matron provided an 'open surgery' on a monthly basis for people to attend. The service was provided to reduce unnecessary admission to hospital.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- People were involved in making every day decisions and choices about how they wanted to live their lives. One person said, "Staff knock but if I don't want them in, then I would say."
- Staff had a working knowledge of the MCA and understood, the importance of supporting them to make day to day decisions and choices. A staff member said, "People are always given choice, if they want to shower or what they want to eat."
- Support plans showed people had consented to their support and where needed, mental capacity assessments and best interest's decisions had been carried out.
- The registered manager had not needed to make any applications to the Court of Protection to deprive people of their liberty.

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; equality and diversity

- We observed interactions between the registered manager, staff and people was friendly, caring and supportive.
- People and relatives said they were well supported and provided positive feedback about staff and the service. One person said, "Never in my life have I had care like this. We joke about anything. I praise them all. This is what I like. I'm very happy with all this."
- Staff knew people's preferences, likes and dislikes and used this knowledge to support people in the way they wanted. A staff member said, "We are an extension of their family and treat people how we would want our loved ones to be treated."
- People's religious, spiritual, and lifestyle choices were overwhelming met. People were supported to access religious services and support groups, when required. A relative said, "They respect that my family are Jehovah's Witnesses, so respect our views on blood transfusions and festivals. At Christmas they don't get cards but they do get a small gift and [name of person] likes that."
- The registered manager was extremely focused on people's human rights been respected. This was done in line with values for creating awareness and acceptance. A staff member said, "There's a more accepting environment now and it's allowed other families to talk about things we hadn't known about."
- The registered manager explained the overall aim at the service was to ensure they 'made a difference to all residents accessing care services'. People had completed a 'making a difference' form. Comments included, 'no-one is having my flat, all staff are very caring and understanding, puts my mind at ease' and 'staff are wonderful and help and support me'.

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

- People and relatives were involved with the planning of their care.
- People were supported to take independent decisions about their care and had access to advocacy services. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff and the registered manager understood it was a person's human right to be treated with respect and dignity and to be able to express their views. People's rights were upheld and they were not discriminated against in any way. A staff member said, "I always ring the doorbell or knock on their door, I close the curtains when providing personal care."
- People's independence had been encouraged. A staff member said, "People choose which meal they want and I encourage them to help by them making their own cup of tea." A person told us, "They call me the

independent one, I like to do as much as I can for myself."

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 were supported by staff who knew their likes, dislikes and were knowledgeable about people's care and support needs.
- Support plans were person centred. For example, one person's support plan stated, 'I would like to be supported with a shower each morning to ensure I am always clean and tidy'.
- People's diverse needs were detailed in their support plan and met in practice. This included cultural needs, religious requirements and lifestyle choices, where required.
- People had access to a comprehensive programme of activities. A social club had been created and a '60s' theme had been chosen by people. The activities organiser told us, "One person's family were frightened they would forget them. So, when they went out they would take photos and put them in their memory book."
- The activity coordinator had created positive community links, which supported activities in the service. For example, the local primary school came in on World Book Day.
- Technology was used to assist people in their daily living. For example, electronic tablets were used to support people to stay in touch with family and use email.
- The provider ensured people received information in a format they could understand, which is a requirement of the Accessible Information Standard. Staff understood and knew how to communicate with people. Support plans contained information about people's communication needs and any sensory support or adaptations they required. For example, one person's support plan stated, 'I am able to verbally tell staff what I would and would not like, sometimes, I will talk to staff in my own language'.

Improving care quality in response to complaints or concerns

- Information was provided to support people to raise any concerns and complaints.
- Staff knew how to raise complaints should they need to and they told us they would speak with the registered manager about any issues or concerns.
- There was an appropriate complaints management system in place. The provider had a policy and procedure in place to guide staff in how to manage complaints. The registered manager investigated and responded to complaints appropriately.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The registered manager said if anyone required end of life support they would ensure all staff had the appropriate training and a support plan would be developed.

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.

At the last inspection we rated this key question as requires improvement because the service did not have a manager in post who was registered with the CQC. At this inspection, the service had a manager in post and they had registered, as required with the CQC.

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

- There was an effective quality assurance system in place. Audits were, both completed by the assistant care managers and the registered manager. Where areas of improvement had been identified, an action plan had been created and monitored by the registered manager and provider.
- The registered manager monitored the quality of the service by speaking with people and relatives and carrying out satisfaction surveys.
- Trends or patterns were analysed when accidents and incidents occurred to prevent further reoccurrence.
- Policies and procedures were in place which provided staff and the registered manager with clear guidance. These linked to the Care Quality Commission's (CQC) key lines of enquiry information.
- Staff spoke positively about the registered manager. A staff member said, "She's a nice, caring person. She's doing very well. She's approachable and supportive."
- People and relatives said the service was well managed and they received good support. A relative said, "Senior staff and the manager have a really good relationship. The manager, she's lovely, really nice. She seems to know more about dementia, generally knowledgeable."
- The registered manager demonstrated an open and positive approach to learning and development. There were systems in place to ensure staff continued to learn, were trained and supported in their role.
- The registered manager continued to notify the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

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

- The registered manager had sought feedback from people, their relatives and staff to help maintain and improve standards at the service.
- People were given the opportunity to complete surveys and to attend meetings to voice their views and ideas. For example, people decided to name the two areas of the service, Garden View and Hillside View.
- A '21's Care - your time to share' questionnaire was carried out and each question was given a rating in line with CQC's rating structure. The results were mainly good and outstanding for all the sections, although, three areas had scored 'requires improvement'. An action plan had been created which recorded progress against the action.

- Meetings were held monthly, giving staff opportunity to feedback to the provider. Along, with quarterly meetings which focused on the CQC inspection process.
- The registered manager held 'open surgeries' each month for staff members to be able to discuss any topic.
- Newsletters were routinely sent to staff which provided information on any changes or amendments to the service.

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

- The provider and registered manager were committed to providing a high-level quality support to people and promoted a positive culture that was person centred, caring and respected people's human rights. There was a policy which covered equality and diversity, which staff understood and adhered to.
- Staff enjoyed working at the service and spoke positively about the registered manager. A staff member said, "Manager is easy going and approachable, they are doing a good job, things are changing for the better. I am happy here, it is settled now."
- We asked people what was the best thing about the service. One person said, "I don't know, everything."

Working in partnership with others

- The registered manager and staff team worked in partnership with other professionals such as the community matron and the police to promote and maintain people's quality of life and well-being.
- The service had good links with the local community which provided and improved opportunities for people to attend social events.
- The registered manager said the service was called 'home for life' and they would work with MacMillan nurses, if needed.
- The service shared best practice and information across the providers other services.