

Housing & Care 21

Housing & Care 21 - Goldfield Court

Inspection report

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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 

Overall summary

We visited the service on 19 December 2014. This was an announced inspection. This meant the service was given short notice that we would be visiting the office from where the care was organised.

The service provided is a domiciliary care service for people living in an extra care setting. This means that people using the domiciliary care service also have the

benefit of staff being available on site so call times and peoples support were monitored by the manager on a daily basis. People also have the benefit of an alarm system so they can call for help if needed.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People told us they felt safe with the staff that supported them and they felt secure knowing that someone was around at all times if they needed help. Peoples care needs were assessed and risks that had been identified were monitored and managed appropriately.

The provider had procedures in place so staff were given the training needed to support people. Staff were recruited to ensure there were sufficient numbers of staff to meet people's needs and keep them safe. People spoken with felt that the staff that supported them were trained and competent to meet their needs.

People were able to make decision about their care and were actively involved in how their care was planned and delivered.

People were able to raise their concerns or complaints and these were thoroughly investigated and responded to, so people were confident they were listened to and their concerns taken seriously.

Staff supported people with their nutrition and health care needs and referrals were made in consultation with people who used the service if there were concern.

People were support with their medication and staff had been trained so people received their medication as prescribed.

The management of the service was stable. Processes were in place to monitor the quality of the service provided. People who used the service were asked to comment on the quality of service they received. The information was used to improve the service where possible.

Summary of findings

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.

People told us they received a safe service.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people.

People were supported to take their medication were required so they remained healthy

Good



Is the service effective?

The service was effective.

People told us they received care in a way that they wanted.

Staff were trained to support people and had the skills and knowledge to meet people care need.

People were supported with food and drink as required. Health care needs were met and referral were made to other healthcare professionals where required.

Good



Is the service caring?

The service was caring.

People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive.

People told us they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service. Procedures were in place to ensure that the service learnt from people's experiences.

Good



Is the service well-led?

The service was well led.

People told us they received a service that met their care needs and were supported to remain as independent as possible.

The management of the service was stable open and receptive to continual improvement.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection team consisted of one inspector. The inspection took place on 19 & 23 December 2014 and was announced. This meant the service was given 48 short notice that we would be visiting.

The service provides a domiciliary care service, to people living in their own home within an extra care setting. People using the service also have the benefit of staff being on the premises over a 24 hour period that can assist them should they need help. Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection we spoke with nine people that used the service, five care staff, three relatives, and the registered manager. We looked at three people's care records and other records that included two staff recruitment files, training records, complaints and safeguarding records.

Is the service safe?

Our findings

People spoken with told us they felt safe and staff were very supportive. One person told us, "All the staff that comes to me are very good they do an excellent job. They are all very pleasant and friendly and I feel safe with all of them."

Another person told us, "I feel very safe here I have my pendant so if I feel ill I can press this and someone will come. I can also go down to the lounge and meet friends, I am very happy and feel secure."

All staff spoken with knew what to do in the event of possible abuse, they were clear on who they would report to and the action they would take to keep people safe. All staff told us that they had received training on how to keep people safe and recognise the signs of potential abuse. The manager told us and staff confirmed that they were encouraged to report areas of concern. Staff told us if they had any concerns about people they felt confident that action would be taken. Records we hold showed us that the manager reported concerns to us and appropriate referrals were made to the relevant authority to ensure people were protected from harm.

People spoken with confirmed that any risk that had been identified as part of their care was discussed with them and plans put in place to minimise these risks when staff supported them with their care. Records we looked at showed that a variety of risk assessments were in place. These included risks due to the environment, health issues and equipment used. Management plans were in place to minimise identified risk. Staff spoken with told us there were procedures for reporting accident and incidents so they had the information of who to contact. Staff told us that there was an on call manager if needed who would give them guidance. One staff member told us. "Risk

assessments are done by the manager so the information is there for us to refer to, but we also respect people's choices to make decisions about the risk they want to take and support this." This showed that actions were taken to identify and manage identified risks so that staff and people were protected from injury.

All the people who received a service spoken with told us that there were enough staff to ensure they received a reliable and safe service. One person commented that they did not always get the same team of care staff attending them, but they did not feel that this affected the quality of the service they received. Staff spoken with told us there were enough staff to provide the care and support needed. One staff member told us it could become busy but felt there was enough staff to ensure people's care needs were met. The registered manager told us that staffing numbers depended on the number of hours each person had been allocated. If people's needs changed then a review was held with the social worker for extra hours, and then staff would be provided to meet that person's care needs. Peoples spoken with told us they received their calls on time and staff confirmed that they were allocated a set time for people's calls to be completed so people would not be left waiting.

Staff spoken with told us that they underwent appropriate check before starting employment. This included reference from previous employment and police checks. Staff told us before they started to support people they completed training and met the people who they would be supporting so the individual would know who would be coming. People told us that staff were introduced to them and records confirmed that all staff received an induction as part of their recruitment.

Is the service effective?

Our findings

People spoken with told us that they thought the staff were trained. One person told us, “I feel the staff know what they are doing.” Another person told us, “I leave my door open and when staff walk past they say hello and have a quick chat. I think it is all part of their training that they don’t just do what we need, they socialise as well.” Staff confirmed that training was provided so they could meet people’s needs. For example training to support people with different medical conditions such as diabetes. Staff spoken with told us they received supervision, performance checks and attended team meetings to enable them to do their job. One staff member told us, “We have the opportunity to develop further, like gaining qualifications in care, and we can ask for training if we feel that we would like to know more about a subject.” Staff were clear about their roles and responsibility to ensure people received their calls on time and support was provided for the length of time that people had been allocated.

We spoke with two people who received support with managing their meals. Both said that the staff offered the support they needed and had no concerns about how they were helped. One person told us, “They do what I ask and prepare whatever meals I ask them to prepare. I can go down to the dining area and have lunch with friends. Staff are really are very good.” All staff spoken with were aware of how to support people who may be at risk of poor nutrition and hydration. One staff member told us “If people were not eating and drinking, I would try to encourage them and report the concerns so we could monitor them.”

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA, Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive the liberty of someone that lived in their own home. The manager told us that everyone that currently used the service had the mental capacity to make decisions for themselves. Staff were aware of the Mental Capacity Act, and of what action to take should they believe someone in their care lacked the capacity to make decisions about their care and support. The registered manager and staff were clear what they would do in the event of a person’s needs changing so that they would protect people’s rights.

People told us they were supported to access healthcare professionals when they needed them. For example contacting the doctor if they were unable to do this for them self. Records confirmed that people’s health was reviewed to identify changes that may require additional support. For example, on the day of our visit when a referral was made to The Speech and Language Therapist (SALT) for one person. This showed that the manager and staff monitored people’s health and assisted people to seek guidance from other healthcare professionals when required.

Is the service caring?

Our findings

People who used the service told us they were happy with the care they had and one person told us, “If I have to be anywhere it would have to be here, It’s not like I am receiving care, it’s like friends coming and giving me a little extra help.”

People told us they were able to meet in the lounge area and have a meal together in the facilities provided in the Extra Care setting. People told us that by living in an Extra Care complex this gave them peace of mind. One person told us, “It’s a bit like a hotel with smashing staff.” People spoken with told us staff supported them in a way they wanted. One person told us, “All the staff are very kind they have become my friends.” People told us that staff were supportive and caring. Staff spoken with demonstrated that they were enthusiastic about their work and the people they supported.

People told us they were involved in discussing their care needs with staff so that staff provided care based on their

wishes. People told us that staff listened to their views about the care they wanted on a daily basis. One person told us, “Sometimes I want help with something different, they [staff] never say no, they are so friendly and they know their job very well.” Another person told us “They do everything I want them to do. They always ask me what I want.” This meant that people were fully involved in making decisions about their care and support.

People told us their privacy; dignity and independence were respected by staff. One person told us, “They are kind and respectful.” Another person told us, “They talk to you respectfully and treat you with dignity and respect.” Staff spoken with gave good examples of how they ensured people’s privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement and respecting their choices. Care records looked at was written in a way which showed that respect, privacy and dignity formed an integral part of each person’s care plan.

Is the service responsive?

Our findings

People told us they received care and support in a way that was personalised to them. People told us they were involved in planning and agreeing their care so they had control over the service they received. One person said, "As far as I am concerned they involve me in the care and support I have." Staff spoken with and records confirmed that people's needs were assessed and planned to ensure that support was provided based on their individual needs.

People spoken with told us that staff asked at each visit what they would like help with. One person told us, and care records confirmed people had agreed what care they needed when they started using the service. People told us that they were always asked their views about the service

they had. One person told us, "When staff come they ask me if everything is all right, do I need anything. I have no problems with my care or the staff who come." This meant that people received care and support as agreed with them.

People spoken with told us they were given information on how to make a complaint or raise concerns about the service. One person told us, "If I wasn't happy I would tell staff." Another person told us, "I don't really have any complaint."

We looked at some records of concerns/complaints that had been investigated by the provider and we saw that these were investigated and responded to appropriately. This meant that people could be confident that their concerns and complaints would be listened to and used to inform and improve staff practice.

Is the service well-led?

Our findings

There was a registered manager in post and staff told us that they were able to speak to the manager or contact the office for advice if needed. The registered manager had a team staff to plan and monitor the service provided. Staff told us, "The management team are approachable and do listen to what we say. This showed that there was an appropriate management structure and facilities to ensure the service provided met people care needs.

Discussions with the registered manager showed that they were aware of the needs of people and responsive to their request for changes in the service provided. For example when people have specific care needs such as communication a core staff team are allocated so the person gets to know them and staff could learn the individuals communication methods so the person had continuity of care. This showed that there was flexibility with in the service provided. One person told us that they told staff about an issue, and action was taken immediately. Another person told us, "They do listen and are very good of making things right." This meant that the service had systems in place to listen to people and use feedback from people's experiences to improve the service.

People who used the service told us that staff were approachable and had the time to listen to them and was

responsive to issues raised and improvements that could be made. This showed that there was an open and inclusive atmosphere where staff were able to develop their skills and the service. We saw that people were asked to give feedback on the quality of the service they received and this information was analysed for trends. This enabled the provider to apply the learning from this analysis to improve the quality of the service provided.

We saw in people's records that monthly reviews were undertaken by the manager to ensure that people were happy with the care provided and that staff were providing the care as required. Staff spoken with told us they were able to give their views about the service provided to people. People who used the service spoken with confirmed they felt confident about raising issues with the management and were asked their opinions about the care they received. We saw that regular staff meetings were held and staff spoken with told us that they had an opportunity to express their views in these meetings

External audits were completed by the provider to assess the quality of the service provided. We saw that action plans were put in place so areas that had been identified as requiring improvements were completed. The provider assessed if the required improvements were successful.