Housing 21

Housing & Care 21 - Westhall 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

Summary of findings

Overall summary

About the service: Housing and Care 21 – Westhall Court provides personal care and support to people who live in their own homes within a shared building of flats. This can be older people who may have mental or physical health needs, or people living with dementia. At the time of our visit there were 32 people who received personal care support.

People's experience of using this service:
• People felt safe living at the service and with the staff that supported them with care.
• The provider's recruitment procedures had ensured staff were safely recruited.
• Risks related to people's health were identified and acted upon.
• Staff knew how to protect people from potential abuse and avoidable harm to keep them safe.
• Medicines were managed safely, and people received them as prescribed.
• There were enough staff to support people's needs including any emergency care needs.
• People's needs were assessed before they lived at the service and staff completed training to ensure these needs could be met safely and effectively.
• People said staff were caring and kind in their approach.
• Staff knew people well, so they could provide them with care and support in ways they preferred.
• People were provided with support to access healthcare professionals when needed.
• People's right to make their own decisions about their care were respected and supported by staff who understood the principles of the Mental Capacity Act 2005.
• People's care plans contained detailed information for staff to ensure people received the personalised care and support they had agreed.
• Staff understood the importance of respecting people's privacy and dignity.
• People were supported to be as independent as possible.
• The provider had various quality monitoring systems to check people received safe care and support in accordance with the providers policies and procedures.
• Overall, people were happy living at Housing and Care 21 – Westhall Court. People knew of the complaints process should they have any concerns about the service.
• At the time of our visit there was a registered manager in post. They were being supported by a new manager who intended to register with us.

We found the service met the characteristics of a "Good" rating in all five areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good, with 'Requires Improvement' in Well - led. At this inspection we found the issues we previously identified in relation to quality assurance systems, and detail within care and medicines records, had been addressed. The last report for Housing and Care 21 – Westhall Court was published on 29 December 2016.

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

'good' service provided to people had remained consistent.
Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 now Well-Led.

Details are in our Well-Led findings below.

Housing & Care 21 - Westhall 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: One inspector and an assistant inspector.

Service and service type: Housing and Care 21 – Westhall Court provides personal care and support to people living in their own homes. CQC regulates the personal care provided. 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. They were being supported by the manager who ran the service on a day to day basis and who intended to apply for registration.

Notice of inspection: The inspection took place on 16 April 2019 and was announced. We gave the provider 48 hours' notice to ensure that people who lived there would be available to speak with us during our visit.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential abuse, information from the public, whistle blowing concerns and information shared with us by local commissioners (who commission services of care). The commissioners had no concerns about the service.

In this instance we did not request a provider information return (PIR). This is a form which gives the provider an opportunity to tell us about their service and what they do well. During our visit, we gave the registered manager and staff an opportunity to provide us with this information.

During our inspection visit we spoke with eight people living at the service to understand their experience of the care provided. We also spoke with five relatives. We spoke with five care staff, one domestic staff member, one care administrator, the manager who oversaw the day to day running of the service and the registered manager.

We reviewed a range of records. For example, we looked at four people's care records and a sample of medicine records. We also looked at records relating to the management of the service. These included systems for managing complaints, incidents, and feedback from people who used the service. We looked at the provider's checks on the quality and safety of care provided that assured them they delivered the best service they could. We checked two staff files to ensure they had been recruited safely.

Good

Is the service safe?

Our findings

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

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

Staffing and recruitment
● Procedures for the safe recruitment of staff had been followed to ensure staff were suitable to work with people.
● People told us there were enough staff to provide their care. One person said, "Sometimes they are short staffed, but I am always made aware. Most of the time there is enough staff, they don't miss the calls and always let me know if there is a delay." People could use a call system to request staff assistance out of their set call times if this was required, and they told us at these times staff came quickly.
● Staff usually arrived to support people at the times they expected. Staff had the time they needed to provide the support people required and had some additional time to meet unplanned care needs. A recent successful recruitment drive meant that more staff were available to support people now.

Assessing risk, safety monitoring and management
● People and relatives said the service was safe. One relative told us, "It is a secure building, and someone is always about, there is a pull cord. [Person] pulled it once and they came and got them an ambulance."
● Risks associated with people's care had been identified, assessed and were regularly reviewed, for example in relation to falls, smoking or how staff should move people safely.
● Each person had a fire risk assessment and personal emergency evacuation plan which contained information about how people needed to be supported.

Systems and processes to safeguard people from the risk of abuse
● People were supported by staff who understood how to protect them from the risk of abuse. Care staff had completed training on how to recognise abuse and understood their responsibility to report any concerns they identified to their manager or to escalate these further if required.
● The manager understood the procedure for reporting concerns to the local authority and to us (CQC) and had followed this procedure when concerns had been identified.

Using medicines safely
● Staff completed medicines training so they could administer medicines safely and in accordance with good practice. Records documented when people should receive medicines taken on an 'as required' basis.
● People supported with their medicines received them on time.
● Medicine administration records documented how medicines had been managed. The management team completed regular checks of medicine records to make sure people had received their medicine as prescribed and staff followed safe practice. Any issues identified were discussed with staff in team or individual meetings.
● We identified one medicated cream had not been dated on opening, which ensured the cream remained

in date and effective to use. We raised this with the manager who confirmed this should be completed by staff, and they would address this issue now.

Preventing and controlling infection

● Staff completed training in the control and prevention of infection and understood their responsibilities in relation to this.

● Staff wore personal protective equipment, such as gloves and aprons, when necessary to protect people from the risks of infection. Staff told us there was a good supply of this available to use.

Learning lessons when things go wrong

●Lessons had been learnt from incidents at the service. For example, there had been an incident relating to a visitor and the manager and staff had reviewed this after for any further learning.

● Accidents and incidents were recorded and monitored to identify any concerns that may need to be acted upon to reduce reoccurrence.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.
Regulations were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they started using the service. Assessments included people's physical and mental health needs, what they could do independently and what they wished to receive support with.
- Care records documented the support people required and people's needs were kept under review to identify any changes, so these could be met.

Staff support: induction, training, skills and experience
- Staff received an induction when they started work at the service. They worked alongside other experienced staff to get to know people and understand how people wished to be supported. Further time was spent at the provider's head office understanding about their role.
- People felt staff were sufficiently trained to support their needs. Staff practice was reviewed during planned observations, and feedback given to ensure this remained of good quality.
- Staff felt supported in their role and received on-going training as well as individual meetings with their manager to support and guide them with their work. Training was on - line or classroom based and included health and safety, and food hygiene. One staff member told us they recently did the 'moving and handling' training and this helped to update their skills.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff supported some people with meals or drinks as required during pre-agreed care calls at specific times of the day. There was a restaurant in the building people could access for their main meals if desired.
- One person was supported with their cultural needs around their diet, and staff prepared these meals for them.
- Risks associated with people's eating and drinking were assessed and any support provided as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff monitored people's health and knew to report any concerns to the manager such as signs of illness, that might indicate the person needed healthcare support. One person told us, "I would be confident that they would call the doctor quickly, they are very good." District nurses visited some people daily.
- Some people's relatives supported them to contact their GP or make other appointments with health professionals.
- A hospital admission sheet was completed with important information should a person need to be admitted.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.
- The manager and staff understood their responsibilities under the Act.
- Most people using the service made daily decisions for themselves, or if appropriate, with the support of relatives and staff.
- People told us staff asked them for consent prior to providing support with care and we observed this in practice. Care plans showed people had signed consent forms to confirm their agreement to receive care and in relation to medication.

Good

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

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

Ensuring people are well treated and supported; equality and diversity

- People were happy with the care staff. One person said, "The carers are good, I get regular carers, they are friendly, and they do their job properly." Another person described the care staff as 'like family.' One relative told us about the care, "We have been completely happy, the girls always look after [Person], they are always friendly and do a superb job, they go the extra mile and communication is always good."
- One staff member told us, "I think it is lovely here, the girls [staff] and residents have got such a good rapport. They have nice relationships, they offer people choice and know the families well." The manager told us they felt people 'looked out for each other."
- People and staff at the service had recently worked together organising a fundraising event to buy some equipment for one person who was unwell. The manager told us, "They are a good bunch, we get people involved and they feel the benefits." Feedback from people was that they enjoyed this event and a staff member told us about this further, "Seeing one of my ladies so happy, it made my day too."
- Staff received training around equality and diversity. The manager told us that this was something they considered when people began to live at the service.

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

- People made day to day decisions about their care and staff respected people's right to decline support.
- People were involved in discussing their care and support needs when they started to use the service and periodic reviews took place to ensure the support provided continued to meet their needs.
- No one currently received support from an advocate; however the manager was aware this should be considered if a person required some assistance with a decision and had no one able to provide this.

Respecting and promoting people's privacy, dignity and independence

- Promoting independence was the ethos of the service. People were supported to make meals, go shopping and do laundry if they were able to. Staff encouraged people with their care.
- People's care plans included information in relation to what they could do independently and what they required support with. One person told us, "I think the staff are caring and encouraging, they inspire me to do things and motivate me. I can find it difficult to stand sometimes but they give me encouragement to do this."
- People felt staff were respectful towards them and spoke positively of the staff who supported them.
- Staff knew how to maintain people's privacy and dignity. One person told us, "Staff always knock and say who they are."
- Care records were stored securely. We found one record with some sensitive information in and raised this

with the manager who agreed this would be kept in a different way to ensure further confidentiality was maintained.

Good

Is the service responsive?

Our findings

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

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

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

● People's care and support was planned with them when they started using the service. Each person had a care plan, and this provided staff with information about how to support people in ways they preferred. For example, what was important to them, and what a 'good day' or 'bad day' looked like.

●Staff recorded the care and support they provided in records held within each person's flat and recorded any changes in their health. This meant staff always had up to date information about people to provide the care people needed.

● A keyworker system was in place which meant people and the allocated care staff member knew each other well. One person told us, "You could not get better carers if you picked them yourself."

● People chose how they spent their day and could access some communal areas of the flats should they wish to meet other people.

● People received information in a way they could understand. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given. The manager told us that information could be provided in braille or an audio format if needed.

Improving care quality in response to complaints or concerns

● People knew how to raise concerns; however, said they were happy and did not have any complaints. One person told us they had raised a concern in the past about the attitude of a staff member and this had been swiftly addressed.

● People told us the manager was approachable and took people's concerns seriously. During our visit one relative raised concerns about some equipment used to support their family member. We discussed this with the manager who immediately acted to address the issues raised.

● Records of complaints showed they had been responded to and identified any themes which could assist in preventing them reoccurring.

End of life care and support

● Care plans did not have detail about people's end of life care wishes currently, however the manager told us this was something they would now review further to improve.

Good

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

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

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

- People were happy living at Housing and Care 21 – Westhall Court. People spoke positively about the management of the service. One person told us, "[Name] is the manager, they are quite friendly, if I was unhappy with anything I would not hold back, it would be best to get it sorted, I would ask one of the girls to have a word with [Manager]."
- Changes to people's care needs were written into care plans. Information about areas of risk related to people's care was recorded in a 'handover' book and shared with staff at the beginning of their shift to ensure these risks were identified and managed.
- The registered manager understood their responsibilities under Duty of Candour, that was being open and honest and accepting responsibility when things went wrong. They were committed to continue to improve the service and care.

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

- The management team consisted of a manager and a registered manager. They were supported by an operations manager. The manager was new in post and intended to apply for registration. One staff member told us, "[Person] is one of the best managers we have had, they find things out for people and if there is a problem, they will sort it." They gave an example that they were unhappy with some equipment used to move a person which had been provided by another professional, and the manager had addressed this.
- The manager told us about changes and improvements at the service, "Care plans are more detailed now, more person centred, we have improved medication". They told us training required some further work and their plans to address this. The manager was also planning to complete a 'train the trainer' programme so they could deliver training themselves to ensure staff stayed up to date with best practice.
- The provider used some quality assurance monitoring tools to ensure the service provided safe, good quality care, that supported people's needs. This had been successful in identifying some areas which could improve, for example, improving recording of medicines.
- The provider understood and followed their regulatory responsibility to inform us about significant events that happened in the service such as serious incidents and accidents. The last inspection ratings were displayed at the service. Written confirmation was provided during our visit that previous registered managers had applied to de-register at the service.

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

● Staff attended meetings with managers where they were given opportunities to discuss and make decisions related to the service. One staff member told us, "The meetings are really good, I can be honest [Manager] has only just started, but they are really approachable and will deal with things."
● People were invited to attend monthly meetings where they could feedback about the service they received and any decisions which impacted on them. For one recent decision, a ballot had been held for people to vote on their preference. For people unable to attend, this had been posted through their flat doors.
● Additional feedback had been sought about people's keyworkers and this was positive. For example, one person said they would not wish to change their care team as they had bonded with them well.

Continuous learning and improving care
● The provider and manager understood their responsibility to be open and honest when things had gone wrong. Learning was shared for example in relation to safeguarding concerns and discussed with staff, to prevent reoccurrence if possible.

Working in partnership with others
● The provider worked in partnership with other professionals such as local authorities and health care professionals to ensure people experienced positive outcomes in relation to their care.