

Housing 21

Housing 21 – Alrewych 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Housing 21 – Alrewych Court is an Extra Care Housing provision and domiciliary care service providing personal care for people aged 55 years and over. There were 24 people using the service at the time of the inspection.

People lived in their own flats within one adapted building. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe and received their calls on time. People told us they received safe support with their medicines. Staff showed awareness of people's risks and how to help promote their safety. Appropriate action had been taken in response to concerns and suspicions of abuse.

People described their care as effective and staff told us they had enough training and support for their roles. People were supported appropriately with meals and to access healthcare services if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives described the service as caring and praised the approach of staff. People's views were sought and people were treated with dignity and respect.

People spoke positively about the support provided. Staff knew and followed people's preferences and routines. Plans were underway to ensure people's end of life care wishes were known. Complaints had been responded to appropriately although documentation about this was not always complete.

Feedback from people and staff reflected an open, caring service and staff spoke positively about their roles. Areas of improvement identified at the last inspection had not been fully addressed. Records related to people's risks and medicines support were not always accurately maintained to reflect the safe support people described.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was Good (August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence of continued good practice however the provider needs to make improvements. Please see the Well-Led section of this full report. The provider continues to take action to improve in these areas and we found no evidence during this inspection that people were at risk of harm from the concerns identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housing 21 – Alrewych Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Housing 21 – Alrewych 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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.

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 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 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection and that people would be available to speak with us.

Inspection activity started on 14 June 2019 and ended on 17 June 2019. We visited the office location on 18

June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and ten relatives about their experience of the care provided. We spoke with the registered manager and ten members of staff including assistant care managers, care staff and a housing manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at records relating to the quality and safety of the service and three staff recruitment files.

After the inspection

We continued to seek clarification from the provider to validate evidence found and to receive additional feedback about the service through phone calls from a healthcare professional and a service commissioner. We looked at training data and recruitment records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Most people told us they managed their own medicines. Feedback from people and relatives reflected safe support where provided. Comments included: "They give me my tablets, they never forget to do it," and "They are very conscientious with [person's] medications."
- Appropriate action was taken in response to recording or administration errors, or where it was identified people could not always manage their medicines safely. During our inspection we brought some additional record keeping concerns to the registered manager's attention.
- One person had made an error with their own medicines and had agreed they would be safer with support from staff. The service had promoted a balance of the person's safety and independence.
- Staff were encouraged to learn from medicines errors such as through competency assessments and staff meeting discussions. Staff felt medication records and processes were clear, although some staff felt the new electronic systems coming in would promote safer support.

Learning lessons when things go wrong

- Incident records we sampled, often outlined what had been done at the time of the incident to keep people safe, but did not always demonstrate learning and analysis of incidents as far as possible and to help prevent future reoccurrences.
- The registered manager had identified themes and trends in response to some incidents. We were notified as required, as with other relevant partner agencies, about suspicions or allegations of abuse to help protect people.

Assessing risk, safety monitoring and management

- At the last inspection, we found although staff understood how to safely manage people's risks, risk assessments did not always outline the risks to people and how to keep people safe.
- This inspection found records still did not provide relevant guidance to ensure people received safe support in line with their needs for example to manage diagnosed conditions.
- However, staff spoken with were aware of people's risks and how to promote people's safety, for example around catheter care and moving and handling support. One person told us they felt well supported with moving and handling support and trusted the staff who supported them.
- A relative told us, "They know how to keep people safe, they do a good job, I think [person] is safer here than they would be anywhere else."
- People and relatives told us staff responded promptly in the event of an emergency.
- People had access to support to ensure any housing or repair issues were dealt with, and risk assessments were carried out to ensure their home environment was safe.

Systems and processes to safeguard people from the risk of abuse

- Since the last inspection, the provider had assisted safeguarding and police investigations concerning poor practice by staff who no longer work at the service. The provider had held safeguarding sessions with people to raise their awareness of how to identify and report abuse. One person told us they felt these concerns had been handled well which made them feel safer.
- Since the last inspection, the provider had taken appropriate action with input from the local authority, in response to allegations of financial abuse. Our inspection found there were safe systems to support the one person who needed help to manage their monies. Another person told us they felt their belongings were secure and commented, "If I'm not in the flat, the door is locked. It's best to be safe but I have no concerns and trust the staff."
- People told us they felt safe, and staff showed awareness of how to identify and report concerns or suspicions of abuse. Staff told us they felt confident any reported concerns would be dealt with.

Staffing and recruitment

- People told us they had their calls on time and as planned. Some people gave examples of how their call plans had been changed to suit their needs.
- People told us staff were reliable and punctual, and let them know if any calls would be delayed.
- This inspection found safe recruitment practices and clearer processes for staff recently employed. This included the provider's checks through the Disclosure and Barring Service. Records did not demonstrate reference checks were always completed before staff started in their roles but these were later updated.
- People were invited to take part in recruitment processes to ensure suitable staff were recruited.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same, as 'Good'. This meant 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;
Staff support: induction, training, skills and experience

- People and relatives told us staff looked after people well. People's feedback reflected care met their needs.
- Staff said they felt supported and able to do their job well. Staff told us they had raised an area where they felt they needed more guidance and this was underway.
- Staff told us they felt they had enough training for their roles and in areas including First Aid, moving and handling, nutrition and hydration. Staff received supervision and spot checks to help monitor their performance and any development needs.
- The provider's induction process included completion of the Care Certificate for staff new to care. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care;
Supporting people to eat and drink enough to maintain a balanced diet

- Not all people needed supported to access healthcare services and could do so independently or with some help from relatives.
- Staff contacted healthcare services on behalf of people if needed and helped share information with healthcare professionals who regularly visited some people.
- There was a restaurant on site for people to use if they wished.
- Some people's support needs were known to staff and recorded in their care records, for example to encourage healthy eating to help manage a condition.

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

- Staff knew how to support people to make their own decisions and promoted this.
- Records showed best interests decisions had been taken when needed, for example in relation to some people's medicines support.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Nobody using the service required this level of support.
- People came and went as they pleased using key fobs to securely access their home.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same, as 'Good'. This meant 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

- Everyone we spoke with told us the service was caring, and that staff were welcoming, caring and supportive.
- People and relatives described good relationships with staff. A relative told us, "[Person] gets on well with the carers, they seem to love her too. They've showed great compassion to [person], and to us."
- Staff told us they got to know people, and checked people's care plans for any expressed preferences and needs around people's equality characteristics. Staff described ways they provided support to meet people's individual preferences and routines.
- Religious services were held which people were welcomed to attend.
- The provider's PIR in July 2018 described plans to hold sessions about people's equality characteristics with links to a charity for LGBT rights. The registered manager advised they were revisiting this plan to help promote discussions, awareness and openness.

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

- People had opportunities to get involved in the running of the service and give their feedback, for example during monthly meetings and through the residents' committee. Relatives also told us care reviews were carried out.
- One person told us, "If you've got a question there's always someone here you can ask," and confirmed they were asked for their feedback about the service.
- Staff helped put one person at ease about their care. Staff told us they worked with the person to find out what support they were comfortable with and commented, "[Person's] a lot happier with that."

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was promoted. One person told us, "They're all great, they try to help me be as independent as I can be, they don't take that away from me."
- Relatives' comments included: "They'll do things if [person] can't, but they don't take over," and, "The carers try to help [person] in a quiet, gentle way."
- People and relatives told us staff treated people with respect. People's comments included: "I can't fault them, they're caring, they'll do extra things for me, it was the best thing I did, coming here," and "My carers are all lovely, none of them are ever nasty to me. They're respectful and they genuinely care."
- Staff gave examples of how they supported people with discretion and to promote people's dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same, as 'Good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People spoke positively about their care. Staff knew people's support preferences from reading care plans and speaking with people.
- A relative felt one person who had recently joined the service already seemed settled. The relative told us: "[Staff] have been very helpful, gone into lots of details with us, [person] has met their carers and they've asked how [person] likes things done etc."
- Staff had got to know another person well who had recently joined, including the person's interests and goals, as well as their support preferences.
- The registered manager told us they wanted to develop care plans to further promote a person-centred approach. This work remained underway including with people who had recently begun to use the service.
- Call times were planned around people's needs and preferences.
- People spoke positively about the activities on offer at the service and could spend time together in communal areas if they wished. One person told us, "You can be part of it if you want to, I've made a lot of new friends here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had identified they needed to improve how one person's communication needs were met. Plans were underway to help address this.
- Another person's communication needs were reflected in their care plan and known to staff. A staff member told us, "We understand what [person] says and we can use tools. We have a good relationship so can have a good conversation with them."

Improving care quality in response to complaints or concerns

- People who had complained felt they had been listened to. A relative told us, "The manager took it very seriously indeed, and we've had no reoccurrences of the problem."
- Complaints records we sampled were not always completed as planned but demonstrated suitable action had been taken to improve people's experiences. One person's complaints had been addressed by the provider and with input from the local authority.

End of life care and support

- No one required this level of support at the time of our inspection.
- A relative we met told us how the service had offered adjustments to help meet one person's end of life care needs. The person's relative praised the care and concern for this person, shown by staff and the service.
- Staff had recognised and met another person's wish as they had approached end of life and had since placed a plant in the garden in the person's memory.
- The registered manager told us they have plans to develop end of life care plans with people and relatives as appropriate.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. This was because improvements identified at the last inspection had not been fully addressed. Systems and records were not always robust.

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

Continuous learning and improving care

- Although people gave positive feedback about their support, areas of improvement identified at our last inspection about medicines records and risk assessments had not been effectively addressed to improve the safety of the service.
- Improvements were still required to how people's as and when (PRN) medicines were managed. People were supported to have their PRN medication however the reasons for people's PRN use was not recorded in line with the provider's policy. Reasons were not recorded or reviewed where one person had applied cream prescribed as PRN, every day for four weeks. It is important to review PRN use to help ensure the person's needs are met, for example to ensure the medication remains effective or if further medical advice is required.
- One record we reviewed suggested one person's medication had not arrived for five days. The registered manager told us this record was not correct. Other records showed a second person missed their prescribed cream for two days due to delays in medication orders. Audits had not identified these issues to ensure safe practice and ensure accurate records were kept.
- Although appropriate action had been taken in response to incidents including medicines errors, incident records did not show these had been investigated and reviewed to help prevent future reoccurrences as far as possible.
- The Commission was notified of events as required and systems were in place to monitor this.
- Audits were carried out to help monitor the quality and safety of the service with reference to CQC guidance and key questions.
- Relatives and staff told us their feedback was encouraged and acted on to help improve the service.
- The last inspection rating was displayed as required.
- New electronic systems were due to be introduced which staff and the registered manager felt could contribute to improvements including to medicines management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Despite recent changes which some people said impacted on the availability of the registered manager and familiar staff, we received positive feedback about the service overall.
- A relative told us, "From what I see when I visit, and talking to [person using the service] it's very well-run."

It's certainly the best place he has ever been. He's far happier, and more settled, and I'm more at peace, so they must be getting it all right."

- Further work was planned to encourage discussions about people's diverse needs and preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their requirements in relation to this.

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

Working in partnership with others

- People and staff had been involved in developing the service's 'Welcome' values. A person told us, "They just make you feel involved, you're not just a number, you're a person and they value your opinion."
- All staff we spoke with told us they felt supported. The provider's initiatives helped recognise and reward staff efforts.
- Staff told us the service was flexible to their own needs for example around child support arrangements and bereavement support. Some staff described a sense of community due to their positive relationships with people and staff, and they told us they would confidently recommend the service to loved ones.
- A relative told us, "They are very responsive to anything we say, try to change things if they can. They asked us to tell them how they were doing, and how they could improve."
- The registered manager was awaiting results from surveys about the service from people and staff. This helped monitor the quality of the service including the quality of people's experiences.
- People and staff were involved in events such as a Dementia Friends session to help raise awareness and inclusion.
- Healthcare professionals regularly visited some people. Staff confirmed they contacted professionals if needed on people's behalf to promote their health.
- People could access the restaurant, the 'Community Shed' for woodwork activities and access monthly church services hosted at the service.