

Amica Care Trust

# Housman Court

## Inspection report

School Drive  
Bromsgrove  
Worcestershire  
B60 1AZ

Tel: 01527575440  
Website: [www.srtrust.co.uk](http://www.srtrust.co.uk)

Date of inspection visit:  
04 December 2018  
05 December 2018

Date of publication:  
25 January 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

What life is like for people using this service:

- People enjoyed living at Housman Court and felt safe and comfortable around staff who understood their personal circumstances and how to recognise and report abuse.
  - Staff recognised the risks to people's health, safety and well-being and how to support them safely. Where relevant, specialist equipment was used.
  - People had access to support from staff when needed.
  - Staff recruitment processes included a check of their background to review their suitability to work at the home.
  - People received support with the medicines. Regular checks were undertaken to ensure people received the correct support by staff who were competent to support them.
  - Staff understood and practised infection control techniques.
  - The registered manager ensured people's care was based on best practice and staff had the correct training to meet people's needs.
  - Staff training was reviewed and guidance on people's needs was also shared through supervision and staff meetings.
  - People were offered choices at mealtimes and encouraged to share ideas for their menu. Where people had specific nutritional requirements, these were also catered for.
  - People were supported to attend healthcare appointments and advice from healthcare professionals was incorporated into people's care.
  - People were treated with dignity and respect and their independence was promoted.
  - People and their families were involved in planning their care with support from staff.
  - Staff supported people to enjoy a range of activities which reflected people's individual interests.
  - People and their families understood how to complain if they wanted to.
  - Staff felt supported by the registered manager and felt part of a newly established team that were keen to develop people's care further.
  - Staff worked together with the registered manager and families to ensure people's care was continually monitored, reviewed and reflected people's needs.
  - The registered managers and staff worked with other stakeholders to improve people's experience of care.
- .
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good (published 09 June 2016)

About the service: Housman Court is a residential care home, providing personal care and accommodation. There were 28 people living with dementia. The service provides accommodation and personal care to older adults.

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

remained rated Good overall.

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?**

The service was safe

Details are in our Safe findings below.

**Good** ●

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

The service was effective

Details are in our Effective findings below.

**Good** ●

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

The service was caring

Details are in our Caring findings below.

**Good** ●

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

The service was responsive

Details are in our Responsive findings below.

**Good** ●

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

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Housman 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 as part of our regulatory functions. This inspection checked 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.

**Inspection team:** There was one inspector in the inspection team 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:** Housman Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was not available at the time of the inspection, so we spoke with another of the provider's managers.

**Notice of inspection:** This inspection was unannounced.

**What we did:** 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 abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eight people who used the service and two relatives to ask about their experience of the care provided. We also observed how people interacted with staff.

We spoke with two senior managers, three members of staff, the chef, the deputy manager as well as a

visiting health professional.

We reviewed a range of records. These included two people's care records and multiple medication records. We also looked at records relating to the management of the home. For example, systems for managing any complaints, checks undertaken on the health and safety of the home, surveys completed by people and compliments received.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

### Systems and processes

- People felt safe and away from harm at the service.
- Staff understood people's individual circumstances and how to keep them safe from harm.
- Staff had received training about the different types of abuse. Staff understood they could report their concerns to the registered manager and felt assured that these would be taken seriously. The registered manager understood their legal obligation to report their concerns to the relevant authorities.

### Assessing risk, safety monitoring and management

- The risks to people's health and wellbeing was regularly reviewed and updated where necessary. The information in care plans gave staff guidance on how to support people safely.
- Staff were confident in their knowledge about people's health and how to support them safely. We also saw staff used their skills with specialist moving equipment so people were protected from avoidable harm

### Staffing levels

- People were able to access support from staff when wanted.
- Staff were satisfied with staffing levels at the service. The additional support of activity leads was welcomed by staff who felt this allowed staff additional time to spend with people.
- Staff acknowledged a number of long term care staff had left, but advised us they now had a stable staff team, who knew people's safety needs well.
- Recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

### Using medicines safely

- People received their medicines when they required. Additional pain relief was also offered to those that required it.
- Staff competency to support people with their medicines was monitored to assure the provider people were supported safely.
- People's medicines were checked regularly to ensure they received the right medicines.

### Preventing and controlling infection

- Staff had access to and used gloves, aprons and hand gels to prevent the spread of infection. We saw the service was clean and odour free.

### Learning lessons when things go wrong

- Staff understood when it was necessary to record accidents and incidents. These were shared by the staff

for the manager to analyse and action. Any learning was then shared with staff through supervision and staff meetings, so staff understood how to reduce the possibility of incidents reoccurring.

# Is the service effective?

## Our findings

Effective – this means 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the registered manager before they moved into the home to ensure staff had the necessary skills to support people and to ensure their needs could be met.
- People and their families were involved in discussions about people's needs.

Staff skills, knowledge and experience

- Staff training and competency was monitored by the management of the service to ensure staff had the skills to support people correctly.
- Staff had access to regular supervision and training and received feedback on their performance.
- Staff wishing to undertake additional responsibilities were provided with enhanced training.
- People felt assured that staff understood their care needs and knew how to support them. One person told us, "I think they are well trained, they know their job."
- Staff explained that if specialist training was needed to meet a person's individual needs, this was provided.

Supporting people to eat and drink enough with choice in a balanced diet

- One person told us, "The food is very good. Everything is very good. I get a choice."
- The chef spoke passionately about how people's individual preferences and dietary needs were catered for. The chef understood the importance of maintaining people's nutrition levels as well as offering healthy appetising choices.
- Staff understood which people required support or a specialist diet and ensured they received this.

Staff providing consistent, effective, timely care

- Relatives and staff felt communication at the service was good and they were kept well informed about their family member's health needs and that their family member was referred to the doctor when needed.
- Care plans we reviewed also contained information about people's health and care for staff to refer to.
- A visiting medical professional told us they visited the service regularly and felt assured their advice to staff about people's care was followed correctly and incorporated into care planning.
- People were supported to attend healthcare appointments.

Adapting service, design, decoration to meet people's needs

- People's feedback on the home was being incorporated into the refurbishment of the building.
- People were encouraged to bring in their personal belongings and special items to help furnish their bedrooms.

Ensuring consent to care and treatment in line with law and guidance

Consent was sought before care and support was provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found people's capacity to make decisions was assessed and best interest decisions were made with the consultation of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

## Is the service caring?

### Our findings

Caring – this means 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.

Ensuring people are well treated and supported

- One person told us care staff were "Marvellous. You couldn't ask for more." Another told us, "They treat you so well you don't want to go home."
- We saw people were relaxed and at ease around the staff supporting them. Staff demonstrated warmth and affection towards people.
- Relatives felt assured staff were caring and understood their family member's individual preferences. They told us some staff knew their family member well because they had cared for them for many years and knew their needs well.
- Staff displayed warmth and kindness towards people. Staff comforted people if they became distressed and reassured them. People responded positively to staff.

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

- People were supported to make decisions about their care. For example, people were encouraged to decide where they would like to spend their time and about who they should like to sit with.
- Staff spoke confidently about how they supported people. Staff understood some people living with dementia did not always want to be disturbed at a particular moment; staff understood to offer to support them at a later time.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and supported to maintain their dignity. One person told us, "I help myself. I'm doing much better now."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

How people's needs are met

Personalised care

- People and their families regularly met with staff to discuss and review their care. People's care needs were discussed and listed in care plans for staff to refer to. Relatives told us they were invited to meetings to share their thoughts about their family member's care and their views were acted upon.
- Care plans illustrated how people's care was reviewed regularly and updated where necessary. Staff were beginning the process of reviewing care plans further to ensure care was accurately recorded.
- Staff were passionate about how they tailored care to meet people's need. For example, the activities lead told us they had begun the process of understanding people's needs by asking "What do they like?" People were offered a variety of day trips and activities to meet a wide range of interests and staff had planned a further comprehensive programme of things for people to enjoy doing.
- The provider complied with the accessible information standard by sharing information with people in a way that made it easier for them to understand, so that they could make decisions about their care.

Improving care quality in response to complaints or concerns

- People understood they could complain if they wanted and understood the process, but did not have any complaints they wished to make.
- One relative told us, "I have no concerns. If I have any issues, I just speak to the manager."
- Staff regularly spoke with people and their families to understand if care met their expectations and made any necessary changes, if needed.

End of life care and support

- People and their families where possible were involved in making decisions about end of life care. People were encouraged to share spiritual and religious preferences as well as any other important information they wanted staff to be aware of, so staff could make the necessary arrangements.
- Two End of Life Champions took the lead in ensuring people's care reflected people's wishes. One staff member told us, "I'm there for the family and the resident, not just the resident."

# Is the service well-led?

## Our findings

Well-Led – this means 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.

### Leadership and management

- People and their families felt able to speak to the management of the service about issues important to them.
- Staff felt the home had reached the position of stability after the previous manager and a number of key staff had left. Staff felt the current team working at the home were committed to improving people's experience of care.

Provider plans and promotes person-centred, high-quality care and support, and understand and acted on duty of candour responsibility when things go wrong

- The registered manager and staff were clear about their roles, and understood quality performance, risks and regulatory requirements
- Staff at the service understood the importance of feeling part of a team. Staff worked together across different teams for the benefit of people at the service. For example, the chef, activities coordinator and care staff all had a strong sense of team commitment and people received care in a co-ordinated way.
- Staff completed checks on people's care so risks to people's health were minimised. For example, the senior at the home help to ensure people receive their medicines correctly.

Engaging and involving people using the service, the public and staff

- People and their families felt very engaged with the service. Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.

Continuous learning and improving care

- Systems were in place to review how care was being delivered at the service so that the quality of care delivered could be improved.
- Where improvements had been identified, plans were in place to improve people's experience of care. For example, the registered manager was monitoring the quality of information in care plans so people's care needs were accurately recorded and people's access to activities had been enhanced.
- The registered manager was also working towards ensuring their expectations of care were fully embedded at the home.

Working in partnership with others

- The registered manager and staff worked collaboratively with other agencies to improve people's experience of care. Staff across the provider's other home also shared ideas and worked together.

