

Housing 21

Housing 21 – Mattesley 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 – Mattesley Court is an Extra Care Housing provision and domiciliary care service providing personal care for people aged 55 years and over. 26 people were supported at the time of the inspection.

People using the service 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 felt the service was safe. Staff knew how to identify and respond to suspicions of abuse. People had also been involved in safeguarding awareness and training sessions. The registered manager had investigated and promoted learning from previous events and had notified CQC of specific events as required.

People's risks were known to and managed by staff, although records were not always available to ensure consistent practice. People who received support with medicines told us this support was safe, although records were not all accurately maintained. People told us they received their calls on time and the inspection found continued safe recruitment practices.

We received consistently positive feedback from the support people received, and healthcare professionals spoke positively about the service. People were supported to access healthcare services and to prepare and have their meals if needed. Staff told us they had enough training and felt supported. Further training plans were underway to help continue to develop staff.

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. We found however improvements were required as to how one person was supported. Our last inspection had found staff were not always clear on the requirements of the Mental Capacity Act (2005). We have made a recommendation about this.

People and relatives all told us staff were caring. People told us they were asked for their views about their care although this was not always documented. People's privacy, independence and dignity was promoted.

People's individual preferences and routines were known and followed. People's needs were responded to including end of life care and any concerns people raised. People were encouraged to get involved in social events at the service.

Records were not always robust to reflect the positive support described by people and staff including

medicines management. Audits had not always identified and addressed all issues to support continuous improvements to the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection 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 of harm during this inspection from the concerns identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housing 21 – Mattesley 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 – Mattesley 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 an inspector, an assistant inspector and an 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 17 June 2019 and ended on 19 June 2019. We visited the office location on 19 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.

Before we visited the service, we spoke with two healthcare professionals and a manager from healthcare initiative service.

During the inspection

We spoke with seventeen people who used the service and one relative about their experience of the service. We spoke with the registered manager and nine members of staff including care staff and Assistant Care Managers. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the quality and safety of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with another staff member over the telephone.

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.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe. Comments included: "All the time I feel safe," and, "I feel safer than anything."
- Staff had received safeguarding training and were aware of the types of abuse people could experience and how to report this. People had been invited to and involved in safeguarding information sessions to raise their awareness and how to report concerns.
- The provider had appropriately informed the local authority of allegations of abuse to help protect people.

Assessing risk, safety monitoring and management

- Some people living at the service had started to receive care after staff identified they needed some support to stay safe and well.
- Staff were aware of people's risks and how to help promote people's safety including contact with healthcare professionals.
- Risk assessments were not always in place to reflect the information known to the staff we spoke with and to show how people's risks associated with conditions, behaviours that may challenge and catheter care were effectively monitored.
- Staff knew how to identify and escalate concerns for example for catheter care and training in this area was planned.

Staffing and recruitment

- People told us they received their calls on time. Staff told us their feedback, and people's expressed preferences help informed call scheduling.
- This inspection found continued safe recruitment practices.
- Records showed appropriate checks had been carried out for the one staff member who had been recruited since our last inspection.

Using medicines safely;

- Some people had support with their medicines. People we spoke with told us they were supported safely.
- One person told us, "They give me my medicines morning and night so that makes sure I get it right." A relative confirmed one person's medicines were stored securely and call times were arranged around when the person needed their medication.
- Our last inspection found staff did not understand or have guidance about how to support people to take 'as and when required' (PRN) medicines. Staff told us this had been clarified. However, records were not

always completed as required, to show reasons why people had required their PRN medicines. The manager told us a new PRN form was being introduced.

- A professional told us they had good communication with the service.

Learning lessons when things go wrong

- The registered manager demonstrated openness to learning from previous events to promote the safety of the service including medicines errors. Incident records we sampled also confirmed this.

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 has remained rated 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

- We received consistently positive feedback from people about the service. A relative told us, "Most staff are good, one or two are exceptional and go above and beyond what's expected... they care about the person and take pride in doing it well."
- People's feedback showed they were supported in the way they wanted to be. Staff were aware of people's individual needs and told us they were guided by people's feedback and care plans about how people wanted to be supported.
- A healthcare professional told us, "They have a good relationship with us and are very aware. We educate them if there's something medical to do. It is all documented clearly and they follow what we tell them to do. Where not knowledgeable, staff will seek to inform themselves and always put the needs of people first."

Staff support: induction, training, skills and experience

- Staff told us they had enough training and felt supported. Supervisions and observations were carried out to promote and ensure effective support.
- 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.
- Staff had received training in core areas such as health and safety, fire safety awareness and basic life support. A staff member was supported to follow an interest and receive mental health awareness training.
- The registered manager described plans to have further training and health champions in the staff group, including mental health conditions to support staff development.

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

- Not all people needed support in these areas. People prepared their own meals or with help from relatives. People could use the restaurant on site if they wished and generally said they liked the food.
- Some people confirmed staff helped them prepare food in their flats if needed.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff or relatives if needed to access healthcare services. One person told us, "If I need a doctor or dentist I can go by myself but they would help, I have a call bell in my room. I fell a few times and they were quick to respond."
- Healthcare professionals visited some people regularly to provide nursing care. One professional told us,

"Staff are very good at informing us if needed, they don't hesitate to support us."

- A relative told us, "We always say we are really pleased with [person's] care. They always tell us if there's any problems or if they call the ambulance or doctors."
- We saw evidence of partnership working with other agencies. This included regular visits from healthcare professionals and a healthcare initiative day hosted on site for people to seek advice and tips on wellbeing and lifestyle goals.
- People had also been encouraged to take part in social events and activities of interest to help promote their wellbeing.

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 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, the DoLS cannot be used. Instead, 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.

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

- Discussions with people and staff showed people's own choices and wishes were respected.
- Our last inspection had found that staff were not always clear on the requirements of the MCA. Staff generally understood how to ensure people were supported in line with the requirements of the Mental Capacity Act (2005).
- For example, one person was supported to understand healthier decisions for their diet although staff still respected their wishes. The service was proactively arranging support for this person in case they could not make future decisions about their finances.
- However, we informed the registered manager staff had an inconsistent understanding of one person's ability to make their own decisions. Records we viewed about this were also unclear. This was not reflective of people's experiences overall and the registered manager told us this would be addressed.
- We therefore recommend the provider consider current guidance on the MCA to ensure all people are supported to have maximum choice and control of their lives and staff understand how to support people accordingly.

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 has remained rated 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

- People and relatives all told us staff were caring. Comments included: "The carers are fantastic," "I get on with all the staff really well," and "The care is fantastic, there's nothing that's too much trouble."
- Staff showed care and interest in the people they supported and their individual preferences.
- A healthcare professional told us, "All staff and management are clearly concerned about people [using the service]. The service feels as it should - like people's homes. Staff are very compassionate and very kind."
- A staff member told us, "We treat each and every person individually, follow their care needs with no judgement, and regardless of individual differences." Staff had received diversity and inclusion training and were aware of and open to individual preferences people might have.

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

- People told us they had been asked for their views on their care and staff told us they regularly checked in with people to check they were satisfied with their care. However, these conversations were not always documented.
- One person's request for support with their medicines had been met which helped balance the person's safety and independence.
- Residents committee meetings were regularly held for people to give their views, ideas and feedback about the service.
- People's support needs and choices were reflected in their records, with relatives' input as appropriate.

Respecting and promoting people's privacy, dignity and independence

- People and relatives all gave positive feedback about this aspect of people's support.
- One person told us, "My flat's very nice, I clean it myself and the carers help me out if I can't do some of it".
- A relative told us one person had become more independent again since moving here. They told us, "[Person] has never been sociable but seems to be so much better now, he's come out of himself here... he's really been brought out of himself thanks to this place."

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 has remained rated 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 and relatives spoke positively about the service. Discussions with staff reflected that people's individual preferences and routines were known and followed.
- A relative told us, "It's all right here, [person] uses the restaurant for meals like lunch and breakfast, at night time they are sociable in the lounge. [Person] really enjoys the activities."
- One person's calls were changed after staff identified the person needed more support. ● Staff had changed how they supported one person which put the person at ease. The person's relative told us, "This suits her better and she's more relaxed."
- People's care plans detailed how they wanted to be supported during calls, although care plans were not available for all people's needs including around dementia and diabetes care.

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.

- One person's care plan gave guidance about the person's communication needs and could be promptly shared with others including healthcare professionals.
- We shared feedback about staff understanding of one person's communication needs as this was not consistent or made clear in the person's records. The registered manager told us this would be addressed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they met and socialised with others in communal areas of the service.
- One person told us, "I'm in the breakfast club we call it and we can use the lounge to get company, which has a small kitchen where we can make tea and that."
- A relative told us, "The carers really do try to encourage them to do things and integrate a bit."
- People spoke positively about the activities on offer. One person told us, "We have trips laid on which I like we're going to, Southport in a couple of weeks, we could choose where."

Improving care quality in response to complaints or concerns

- One person told us, "I'm quite happy and they don't need any improvements, if you've got a problem the carers will help you sort it out. The carers are like diamonds."

- A relative told us, "I would have reported anything I was unhappy about but I'm not, nothing has arisen." Another relative told us, "Whenever we've raised [concerns], they've addressed them effectively, particularly with the registered manager, and followed up with us, that's what impressed me most."
- The service had received no formal complaints but had received compliments. The registered manager recognised how feedback and complaints could be used to improve the quality of the service.

End of life care and support

- One person received end of life care at the time of our inspection. The person's loved ones described staff as very caring. The person was supported with input of healthcare professionals and the person's expressed wish to remain at home had been gathered and was met.
- A healthcare professional confirmed staff helped keep them informed of any changes to the person's needs. The healthcare professional also told us, "Staff went out of their way working closely," to help meet the person's expressed wish.
- 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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

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

- Systems did not always ensure improvements around record keeping were identified and addressed including around medicines records.
- Improvements to how people's PRN medicines were managed since our last inspection were not robust. Staff did not always record reasons for people's PRN use as required in line with the provider's policy. Some audits identified this as a concern, other audits didn't.
- This did not ensure consistent improvements. The registered manager had not identified this inconsistency within Assistant Care Managers' audits.
- An audit in March 2019 had found one person's care plan did not contain enough guidance about the person's healthcare conditions, and that staff had not reported how they had escalated the person's medicines were running out.
- Our sample of records found similar findings in regards to one person's medicines.
- We also found records still did not always provide current good practice guidance about people's individual needs. People had 'generic risk assessments' which did not always provide specific relevant guidance about people's needs including specific health conditions.
- These records and processes were not always robust to reflect staff knowledge and the positive support described by people including with their medicines.
- Systems did not always ensure continuous improvements in line with the regulations and current good practice. We identified continued development needs around staff understanding of the MCA since the last inspection.
- The provider understood their responsibilities to notify the CQC of specific incidents and events and met this requirement.
- People spoke positively about their care and staff showed understanding of people's needs.
- The ratings of the last inspection were displayed as required.

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

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

- People and relatives spoke positively about the service. The provider had recently received survey responses from people about the quality of the service. This feedback would be analysed to help review and improve the service.
- People were invited to get involved in activities and inclusive initiatives with links with the local community.
- Systems were in place to recognise staff efforts and staff all told us they felt supported.

Continuous learning and improving care;

Working in partnership with others

- A relative told us, "I have a very good relationship with the [registered] manager, she's easy to talk to. She listens to what we say and we have no issues there at all."
- Some people were regularly visited by healthcare professionals. All healthcare professionals we spoke with described the service positively.
- Staff and a healthcare professional told us they would recommend the service.