

Housing & Care 21

Housing & Care 21 - Mattesley Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

The inspection took place on 3 and 4 August 2016 and was announced. At the last inspection completed 3 June 2014 the provider was meeting all of the legal requirements we looked at.

Mattesley Court is an extra care housing scheme that provides accommodation and care. The service is registered with CQC to provide personal care to people living at the scheme. At the time of the inspection there were 36 people using the service for support with personal care. There was a registered manager in post, however, they were completing an internal secondment to another role at the time of the inspection. Alternative management arrangements were in place on a day to day basis while the registered manager was absent and CQC had been notified of these arrangements. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected by effective medicines management systems. People were however, protected by a staff and management team who knew how to recognise and report potential signs of abuse. Staff understood the potential risks to people's safety and knew how to reduce the risk of harm to people. People were supported by sufficient numbers of care staff who had been recruited safely for their roles.

People were enabled to consent to their care and support. People were cared for by staff who had the skills to support them effectively. People were supported to meet their nutritional and day to day health needs.

People were supported by a staff team who were caring in their approach and understood their needs. People were enabled to make day to day choices about their care. People's privacy, dignity and independence were promoted and they were treated with respect. People were supported to maintain important relationships with friends and relatives.

People and their representatives were involved in planning and reviewing their care. The care people received met their needs and preferences. People were supported to take part in leisure opportunities. People told us they knew how to complain and felt confident their concerns would be addressed by management.

People told us the service was well-led and they felt supported by the staff and management team. People were supported by a committed, motivated staff team. Quality assurance checks were completed across the service to identify areas for improvement and further develop the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People's medicines were not always managed effectively. People were however protected by effective risk management processes and a staff team who knew how to respond to potential signs of potential abuse. Sufficient numbers of staff were in place who had been recruited safely.

Is the service effective?

Good 

The service was effective.

People were enabled to consent to the care they received. They were supported by a staff team who had the skills to care for them effectively. People's nutritional and day to day health needs were met.

Is the service caring?

Good 

The service was caring.

People were supported by a staff team who were kind and caring in their approach. Staff protected people's privacy and promoted dignity and independence. People were supported to make day to day choices about their care.

Is the service responsive?

Good 

The service was responsive.

People received care and support that met their needs and preferences. People were involved in the development and review of their care plans. People felt able to complain if required and felt their concerns were heard and responded to appropriately.

Is the service well-led?

Good 

The service was well-led.

People felt the service was well managed. They felt listened to and heard by managers. People were supported by a staff team

who were motivated and committed. Quality assurance checks were completed to identify areas for improvement within the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 3 and 4 August 2016 and was announced. We gave the provider 48 hours' notice of the inspection. This is because we needed the provider to obtain consent from people using the service that they were happy to share with us their experiences about their care. The inspection team consisted of one 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.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document that we ask providers to complete to provide information about the service. We used this information to help us plan our inspection.

During the inspection we spoke with 10 people who used the service and three relatives. We spoke with the acting manager, the housing manager and four members of staff including care staff and a senior member of care staff. We reviewed records relating to people's medicines, five people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance. We carried out observations across the service regarding the quality of care people received.

Is the service safe?

Our findings

People told us they were happy with the support they received with their medicines. We saw some good examples of medicines administration and management. However, we found that not all medicines were managed effectively. We looked at people's medicines administration records (MAR) to see how and when care staff administered medicines. We saw where people received medicines that needed to be administered on a regular, routine basis, these were given to people as prescribed. Where people required medicines to be administered on an 'as required' basis systems were not in place to ensure these medicines were administered as needed. Some people had not received their 'as required' medicine and others had received their medicines frequently. Staff we spoke with were not able to confirm if these medicines had been administered in line with people's requirements. The staff team did not have a good knowledge of how to manage people's 'as required' medicines. There were no guidelines available to staff on the administration of these medicines and we found staff could not always describe people's needs in this area of their care. As a result, we could not determine if people were receiving these medicines as prescribed.

People told us they felt staff understood potential risks to them and how to keep them safe. One person told us, "They stay with me while I shower as I've got no balance". Other people told us they could easily contact care staff to get extra help if they were at risk. They told us a call system was in place that helped to reduce risks to them. One person told us, "I have a pendant and if I need anything I just press it". Staff we spoke with could describe the risks to the people they supported and how they managed these risks effectively. We saw risk assessments were in place that identified hazards and outlined steps staff needed to take to reduce potential risk to people. People were protected by a staff team who understood the risks to them and how to keep them safe from harm.

People told us they felt safe living at the service and they felt protected from harm by the staff team. Staff we spoke with could describe potential signs of abuse and knew how to report concerns about people. They knew how to whistle blow if this was required and who they would make contact with. Whistleblowing is where staff would contact an external organisation such as CQC about concerns they had about people. The management team understood how to recognise and report abuse. We saw that the registered manager and the management team had taken steps to report safeguarding concerns that had arisen about people and plans were in place to protect people from harm. People were protected by a staff and management team who knew how to recognise and report signs of potential abuse in order to keep them safe.

We looked at how the provider recruited staff to ensure they were appropriate for their role. We saw that a range of pre-employment checks were completed including an interview, reference checks and a check on the staff member's potential criminal history. We saw all checks were completed prior to a staff member starting work at the service. Most people told us there were sufficient numbers of staff recruited and working within the service. People told us they always received their care visits even though on occasion care staff may be a few minutes late. People were protected by safe recruitment processes that ensured staff were suitable for the roles they were recruited for. Sufficient numbers of staff ensured people's care needs were met.

Is the service effective?

Our findings

People told us they felt care staff were effective in their roles. One person told us, "They know what they are doing." Another person told us, "They are very good". Staff told us they felt training was good and the staff team were competent and equipped with the skills needed to support people effectively. One staff member told us, "Training is pretty good". They told us care staff were supported to attend additional training if this was required. Staff told us their competency in the role was regularly checked through 'spot checks' on their care practice. Staff also told us the induction undertaken by new staff was good and involved shadowing of more experienced staff members. We looked at staff training records and saw a range of training courses were completed. We saw records of 'spot checks' that assessed staff member's competency in the role. Staff told us they had regular one to one meetings with their line manager and we saw this reflected in staff personnel files. People were supported by a staff team who were given the training and support required to be effective in their roles.

Most people told us they did not receive support from care staff to prepare meals or meet their nutritional needs. They told us they prepared their own meals, received support from family members or they used the 'in-house' restaurant within the service. People who received support from care staff told us they were happy with their food and drink. They told us food prepared was basic but it met their nutritional needs. People were given the support required to meet their nutritional needs.

We looked at how the provider ensured people's day to day health needs were met. People told us they were supported to access healthcare professionals when required. One person told us, "I only have to press the buzzer and they call the doctor for me". One person told us how their health had improved since they used the service as staff gave them support with things they could not do for themselves, for example remembering to take medicines regularly. Relatives confirmed staff were proactive in ensuring people received the required support with their health. One relative told us, "If [my family member] is unwell they're proactive and check on [them]". People's care records reflected they received additional support when required to ensure their health was protected. We found people were supported to maintain their day to day health and gain access to healthcare professionals when required.

People we spoke with told us care staff obtained their consent before providing support to them. We found where people had the capacity to consent to decisions about their care staff ensured they were fully involved in these decisions. 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. Care plans contained assessments of people's capacity where required and detailed decisions that were being made on people's behalf. We found where people did not have the capacity to consent to or make decisions about their own care, decisions were made in line with the MCA and were made in people's best interests. Some care staff did not have an understanding of the requirements of the MCA. However, they knew to escalate concerns to senior care staff who were competent in their knowledge and application of the Act. The provider's PIR sent to us in advance of the inspection

outlined their plans to further develop MCA training for staff members.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person told us, "The staff are fantastic. They're all very very nice people. I couldn't be in a better place". Another person told us, "[The staff] are lovely, really well mannered". People told us how care staff took time to speak to them, reassure them when needed and make them feel valued. One person said, "Even though they are very busy they find time to sit and talk to me". A second person said, "If I don't feel well during the night, I go and sit with the night staff". People spoke about how care staff went, "Beyond the call of duty" for them. Relatives support this view and told us how well they felt care staff supported their family members. One relative said, "The care is brilliant. They are like a family to her". Staff we spoke with told us they felt the care staff team worked hard to make people feel well cared for and important. One staff member said, "I treat everyone here as if they're my own parents". A second staff member said, "I love it here. I'd live here myself". We saw people appeared to be relaxed and at ease with care staff within the service. Staff had a good rapport with people and communicated with them in a patient and friendly manner. People were supported by a care staff team who were caring in their approach.

People told us care staff knew them well and respected their choices and preferences. One person told us, "They ask what I want". Staff we spoke with understood the importance of encouraging people to make their own choices. One staff member said, "We always offer choices. What to wear, eat, if they want to go downstairs". We saw this approach reflected in the interactions we observed with people and also in people's care records. People were encouraged by staff to make day to day choices about their care.

People told us their privacy was respected and their dignity was promoted by care staff. People gave us examples of how staff promoted privacy and dignity. They told us how staff knocked and called out before entering flats and how they were supported to shower in a dignified way. Staff we spoke with understood the importance of protecting and promoting people's privacy and dignity. One staff member said, "It's how you are yourself. You like your privacy and they like their privacy". Another staff member said, "You have to think how people feel if they are [undressed] on the bed". Relatives confirmed to us that they felt staff members protected privacy and dignity. One relative told us, "They are very good with [my family member] when they help [them] shower. They are very respectful". Another relative told us how the service always provided the same care staff for washing and dressing which was very important to the person and helped make personal care more dignified. We saw care plans outlined personalised ways in which people's dignity could be promoted, for example ensuring family members had left the room before certain tasks were completed. We also saw that staff members were encouraged by the registered manager to become 'Dignity Champions'. Becoming a 'Dignity Champion' demonstrates a commitment to promoting dignity in care and provides care staff and managers access to additional support to improve the care provided to people. People were supported in a dignified way and their privacy was respected by care staff.

People also spoke to us about how staff promoted their independence. One person told us, "[Care staff] stay with me while I shower as I've got no balance". They told us how care staff checked if they were ok but still encouraged them to do as much for themselves as possible. Another person told us how important maintaining their independence was to them. They told us how care staff supported them in a way that

helped them to achieve this. We were told how the care provided to them was flexible and allowed tasks to be removed and added depending on how much they were able to do for themselves. People also told us they were supported to maintain important relationships with friends and relatives. Staff understood the importance of promoting independence. One staff member said, "If someone is able to do something I don't think you should step in and take over". Staff member's ability to promote people's independence was reflected both in people's care records and also in the feedback we were given by people and their relatives. People were supported in a way that promoted and maintained their independence.

Is the service responsive?

Our findings

People told us they felt they received care and support that met their needs and preferences. One person told us, "If I ask they'll do anything I need". People told us they had a care plan which outlined to care staff the care they needed. We were told by people they were fully involved in developing and reviewing their care plan. One person told us, "I'm involved in my care plans". Another person said, "My care plan says I need help with putting cream and stockings on". A person we spoke with told us it was straightforward and simple to change the care they received and their care plan when required. Staff supported this view and told us any changes in people's care needs were reported to senior care staff who would update the care plan, "Straight away". We found care plans we looked at reflected people's care needs. We also found that where it was appropriate family members were also fully involved in developing and reviewing people's care plans. People's care and support needs were met and were reflected in care plans that were regularly reviewed and developed.

People's personal interests were respected by care staff. We saw care plans contained a brief 'life history' about people and care staff we spoke with knew people well. We were told by people and care staff that support was provided to assist people in accessing entertainment and social events held in communal areas within the service. Staff members told us how the registered manager had worked hard to identify ways to improve the access people had to social activities in order to maintain and promote independence. One senior staff member said, "[The registered manager] has worked hard to build links with the community and promote independence". People were supported by staff to access leisure activities when this was required.

People told us they felt able to make a complaint if it was required. They told us they felt listened to and their concerns were responded to by managers. One relative told us about a complaint they had made. They were satisfied with how the complaint had been dealt with and felt they had received an appropriate response. We looked at complaint records held within the service and saw that comments and complaints made were not always recorded. We spoke to the acting manager about the recording of complaints. They told us they would review their practices in order to ensure they had sufficient information available to identify trends in comments made by people and their families. This would then enable further improvements to be made to the service.

People told us they were asked for their views and opinions about the service. They told us they received questionnaires in addition to being spoken to about the quality of care and the service overall. People told us they felt improvements were made as a result of the feedback they gave. We saw the acting manager communicating with someone about the outcome of some actions taken during the inspection. We saw the results of surveys were analysed and steps were taken to make improvements in the service provided.

Is the service well-led?

Our findings

People told us they felt management was good and the service was well-led. One person told us managers were, "Very good. Very helpful. You can ask them what you want. It's exceptional here." Another person told us, "The manager is helpful, I only have to ask". People we spoke with were aware the registered manager was temporarily working elsewhere for the provider. They felt they had been well informed about the change and were aware of the alternative management arrangements that were in place. The provider had notified CQC of the registered managers absence as required by law. People felt sufficient management cover was in place during the registered manager's absence.

Staff we spoke with also told us they felt management of the service was good. The staff told us they too had been informed of the registered manager's absence and felt there was sufficient management cover in place. Some staff told us how the registered manager was continuing to visit the scheme to ensure the service was continuing to operate effectively. Staff told us they felt the staff team was strong. They told us staff were supportive of each other but felt they could challenge each other also. Staff told us they had regular team meetings during which they discussed a range of subjects including improvements required within the service. We saw this reflected in the minutes of the meetings that were held. People were cared for by a staff team who were motivated and felt listened to and supported by management.

Staff told us they felt managers were fair and took action to improve the service staff provided to people when required. One staff member told us, ""Very fair. They let you get on with your work but if there was an issue you [are spoken with]". Managers completed investigations and took appropriate action where necessary. For example, addressing concerns about staff conduct or performance or providing additional support and training if required. The management team understood their legal responsibilities and submitted statutory notifications to CQC where required. A statutory notification is when the registered manager notifies CQC of a significant event such as a serious injury or safeguarding concern. Staff received the required support to be effective in their roles by a management team who understood their role and legal responsibilities.

We looked at how the provider and management team completed quality assurance checks and found a range of quality checks and audits were in place. Systems were in place to identify areas of improvement required within the service and steps were taken to make improvements where required. For example, improvements had been made to care plans, risk assessments and medicines management processes. The PIR submitted in advance of the inspection outlined further improvements to the quality assurance and auditing system that were planned by the provider. The acting manager discussed these plans in more detail during the inspection and advised they were modelling the quality assurance system around CQC's inspection framework and taking on board best practice processes identified internally. The service provided to people was assessed and continually improved as a result of the quality assurance systems in place and being further developed.