

Home Group Limited

# Webb Ellis Court (Office)

## Inspection report

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05 November 2021

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Webb Ellis Court (Office) is an extra care housing facility, which has 63 one and two bedroomed apartments in one large building. The company commissioned to provide domiciliary care calls to people within Webb Ellis Court (Office) is Home Group Limited.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This means tasks related to personal hygiene such as washing and dressing. Where they do, we also consider any wider social care provided. At the time of the inspection, 12 people were using the service, of which five people were receiving personal care calls.

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

People felt safe and were supported by staff with relevant skills to meet their needs. Staff understood and managed risks to people's safety and any accidents and incidents were appropriately responded to. Suitable staff were employed, and staffing levels met people's needs. People's medicines were administered as prescribed. Staff followed current guidance in relation to COVID-19 which included the use of personal protective equipment (PPE) and were part of a regular testing programme.

People were supported by kind and caring staff who were attentive to people and their needs. People had choice and control regarding their care and were enabled to follow their own routines. People's privacy and dignity was maintained, and people's independence was promoted.

Staff were knowledgeable about people's needs and supported people to access healthcare professionals when required. People were supported with eating, drinking and shopping to meet their nutritional needs.

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 were happy with the care provided and the provider's quality assurance systems helped to ensure this. The provider invested in their staff and promoted career development which helped to create a caring culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 11/06/2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

### 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Webb Ellis Court (Office)

## 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 completed by one inspector.

#### 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 rented and 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider's representative or registered manager would be in the office to support the inspection.

Inspection activity started on 26 October 2021 and ended on 05 November 2021. We visited the office location on 26 October 2021 and 05 November 2021.

#### What we did before the inspection

We requested feedback from the local authority safeguarding and contract teams. We looked at information sent to us since the service registered such as notifications about accidents, incidents and safeguarding alerts. 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 visited the office twice and spoke with 10 members of staff including the senior management team, registered manager, client services manager and five care staff. We spoke with two people who used the service over the telephone.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including staff rotas, training and supervision information, and records used to monitor the quality and safety of the service.

#### After the inspection

We continued to review evidence from the inspection including infection prevention and control and staff wellbeing information.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff.
- Staff were trained in safeguarding and were able to identify signs and types of abuse. Staff understood processes to report concerns.
- Safeguarding referrals had been appropriately submitted and the management team monitored referrals to ensure any required actions could be implemented.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing had been identified and addressed.
- Risk assessments and care plans detailed control measures for staff to follow to keep people safe and were regularly reviewed.
- Staff were able to describe the actions to take to manage risk and keep people safe from harm.
- Accidents and incidents had been appropriately responded to and reported on the provider's monitoring system. The registered manager analysed accidents and incidents to look for patterns and trends to reduce the risk of reoccurrence.

Staffing and recruitment

- There were enough staff deployed to meet the needs of the people who used the service.
- To support safe staffing levels, the provider used staff from their other services and regular agency staff to promote continuity of care. The registered manager ensured they worked with experienced staff and completed a period of shadowing.
- The management team communicated changes in people's needs to commissioners so care packages could be appropriately adjusted to meet people's needs.
- The provider had a safe recruitment system. Appropriate employment checks were completed, and risk assessments implemented before staff started work with people.
- Recruitment processes were based on the provider's values of 'Accountable, Caring, Commercial and Energised' to ensure potential staff had similar values and were suitable to work at the service.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff were trained in administering medicines and their competency had been assessed to ensure the safe management of medicines.
- Daily audits identified any medicine errors in a timely manner. When errors had occurred, appropriate action was taken.
- Medicine monitoring systems had been reviewed and had improved the safety of medicines.

### Preventing and controlling infection

- Staff were trained in PPE and infection prevention and control practices.
- The management team completed competency assessments to ensure staff had the required skills and knowledge.
- Staff had sufficient access to hand sanitiser and PPE and understood how and when to use it. People confirmed staff wore PPE.
- Staff were part of a regular testing programme for COVID-19.
- Risk assessments were in place for people regarding the risks of COVID-19.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- People's needs were assessed and reviewed to determine the level of support required. The management team offered care packages where they were confident, they could meet people's assessed needs.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to appropriately support people. New staff completed an induction programme which included shadowing more experienced staff and mandatory training. All staff completed a wide variety of regular training to ensure they were able to meet people's needs.
- Staff were positive about the training and the support they received from the management team on a day to day basis and during supervision.
- The provider ensured the registered manager also received appropriate support and supervision from the senior management team.

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

- Care plans detailed people's preferences and promoted hydration.
- Staff supported people to prepare meals and drinks when this was part of the commissioned package of care. Daily records showed people were supported with meals of their choice.
- People were supported to plan their meals and prepare shopping lists to ensure they had their preferred diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People confirmed staff supported them to raise any concerns to relevant healthcare professionals and records confirmed this.
- Staff had completed 'Health and Wellbeing Passports' which were to accompany people into hospital. These documents provided medical staff with important information about the person's needs.
- Staff held a handover between shifts to ensure all staff had up to date information. For staff who could not attend the handover, they reviewed the handover record and communication book.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider worked within mental capacity legislation and staff were trained in MCA. Processes were in place to complete capacity assessments and best interest decisions if required and care plans documented people with legal authority to make decisions on people's behalf.
- Staff sought people's consent before providing support and ensured they were included in decisions around their care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff were kind, caring and respectful. A staff member said, "We don't just go in and do the job, we do actually care about people and what's happening to them. We lost someone recently and you are emotionally attached, it's almost like losing one of your own family. The staff who are there more than care."
- We received positive feedback about staff and their approach. People told us, "We have a few male carers, one is really good, and I miss him when he's not here. He's so kind" and "I think the staff are good, I have no problems. They are all pretty much the same; very friendly and chatty."
- Staff had received thank you cards for support provided. One comment was, "Just a note to say thank you for the last few days care you have all shown to my Mum & Dad and myself. It is very much appreciated."
- Staff respected people as individuals and were trained in equality, diversity and inclusion.

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

- People were involved in reviews of their care. Reviews enabled people to discuss what was working well, what may need adjusting and had been signed as agreed by the person.
- People's care plans were written following a discussion with them. They included people's personal routines and their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and dignity. In discussions, staff gave examples of how they achieved this.
- People were encouraged to maintain and develop their independence. A staff member told us, "[Person's name] is doing a lot more now for themselves than when they first moved in and they want to be more independent." They had also started doing their own ironing and were working towards shopping in new places.
- Care plans were personalised, respectfully written and guided staff how to maintain people's privacy, dignity and independence.
- People's records were stored in their homes and securely in the staff office.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 were offered choice and control regarding their care. People told us they were supported with their routines, at their own pace, and staff offered them choices.
- People's needs were assessed, and appropriate care packages offered when the service was confident they could meet people's needs. People's needs were reviewed and re-assessed as they changed.
- Care plans detailed people's preferred routines and personal preferences, and daily records showed their care plans were followed.
- Where it was part of someone's care plan, support was provided to enable people to take part in leisure and social activities. For example, one person was supported with baking.

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.

- Information was given to people in a way they could understand. Staff supported people to understand their correspondence and information was provided verbally and in large print.
- People's communication needs were recorded in their care plans.

Improving care quality in response to complaints or concerns

- People told us they felt confident they could complain, and any issues would be dealt with. One person said, "I've no complaints and I've never complained. They come in do the job cheerfully and away they go."
- The provider had not received any complaints about the care provided, though they had a relevant policy and procedure in place.
- Staff understood the provider's complaints policy and procedure. In discussion, they described how they would aim to solve simple complaints or refer any they couldn't solve onto the management team.

End of life care and support

- People were able to remain in their own homes for end of life care if they wished. Staff had effective working relationships with healthcare professionals to support this. There were currently no people receiving end of life care.
- End of life care plans considered people's wishes and how to maintain their comfort and dignity. Assessments and care plans allowed for person-centred information to be recorded when people and their relatives were ready to discuss this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager worked collectively with all staff to demonstrate a positive culture and promote person-centred care and support for people.
- The provider and management team recognised the value of praise and appreciated staff for their work through regular feedback and compliments. A staff member said, "We get regular feedback from [management name] and it's nice to have feedback and know you've done well and they're happy with your performance." The provider also hosted award ceremonies to acknowledge staff's hard work.
- The provider was compassionate towards staff, supported their wellbeing and invested in them. The provider offered staff wellbeing services such as counselling, support groups and meditation. Staff told us they received bonuses, had access to a rewards scheme and wellbeing support.
- The provider promoted staff progression within the service and offered a wide variety of training opportunities so staff could progress with their careers. The provider and registered manager recognised that looking after staff meant they could provide better support for people who used the service.

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 responsibilities regarding the duty of candour. They encouraged staff to be open and honest, promoted accountability and followed the provider's processes.

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

- The provider's quality assurance systems were effective in identifying and addressing shortfalls which helped to ensure people received a good quality service.
- The provider had appropriate systems to support the effective oversight of accidents and incidents. Monitoring systems supported the management team to monitor actions taken in relation to accidents and incidents.
- The provider promoted good practice across their services. The management team regularly attended meetings held by the provider to share lessons learnt and good practice examples for them to embed within the service.

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

- Systems were in place to gather feedback from people using the service and staff. Staff meetings were held, and regular updates were shared with staff. People were asked for their feedback and questionnaires were due to be sent to people's relatives.

#### Working in partnership with others

- Staff worked with people and professionals to achieve good outcomes. Referrals were made to relevant professionals when required and staff worked with other providers to meet people's needs.