

Housing 21

Housing 21 - Winehala Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Housing 21 – Winehala Court is an extra care service made up of 60 self-contained flats. The service is registered to provide personal care to people living in these flats. At the time of our inspection there were 26 people using the service who required support with personal care. People had a range of needs including physical disabilities, health conditions and dementia.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People told us they felt safe when receiving support from staff. Risks had been assessed and staff followed guidance in care plans to support people safely. Care plans and risk assessments were regularly reviewed and updated with any changes to people's care needs. People received support at agreed times and staff had been safely recruited. People received their medicines as prescribed and staff followed infection control guidance to reduce the risk of cross infection.

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 complementary about the care they received. People felt respected and treated with dignity by the staff team. Staff spoke with fondness about the people they supported and promoted their independence where possible.

People, relatives, and staff expressed confidence in the registered manager and the wider management team. The registered manager was aware of their regulatory responsibilities and audits were in place to review the quality of care delivered. Where concerns were identified, actions were implemented to drive improvements. People, staff and visiting professionals had been asked to share their feedback about the

service and the staff team worked in partnership with external professionals to ensure people's needs were met.

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 (published 19 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We completed a focused inspection to review safe, caring and well-led only.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Housing 21 - Winehala 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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 2 inspectors 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 bought or 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 12 people and 1 relative about their experience of the care provided. We spoke with 5 staff members. We also spoke with the housing manager and the registered manager. We reviewed a range of records, these included 4 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 3 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 receiving support from staff. One person said, "I am hoisted by 2 staff, they chat with me and distract me, I'm not keen on the hoist, the staff are competent and know how to put my mind at ease." Another person said, "I came here because I was falling at home. I feel much safer here, I have my pendant and I know the staff will come quickly if I need them."
- Staff had received training in safeguarding and knew how to identify signs of abuse and how to escalate any concerns. There were systems in place to record concerns and where incidents had taken place the registered manager had notified CQC as required by law.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being had been assessed and recorded in their care plans, which offered guidance to staff on how to support people safely.
- Staff were knowledgeable about people's risks and shared with us examples of how they supported people to manage any risks. For example, health risks such as diabetes, or risks to people's skin integrity.
- Where people were at risk of choking, this was detailed in their care plan. A relative told us, "[Person's name] has a soft diet, all the staff know this, if they collect a meal from the restaurant, they mash it so [person] can eat it without choking. I don't leave here and worry about [person's name] I know they are safe."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Care plans reflected people's mental capacity to make specific decisions and staff were aware of how to support people to make their own decisions where possible.

Staffing and recruitment

- People received care and support at agreed times throughout the day and night. One person told us, "The staff have always responded quickly."
- People and staff told us they were reassured by the presence of staff in the building and felt staff understood their needs. One person commented, "I think the staff are well trained and knowledgeable."
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. One person told us, "The staff give me my medication; I've never had any problems or run out of stock."
- Procedures for the safe management of medicines were effective and systems to ensure safe administration were in place. Where people required time specific medicines to manage conditions such as Parkinson's disease, this was clearly detailed in their care plan and staff we spoke with were aware of the necessity of people receiving their medicines within specific time parameters.
- Where people required their medicines 'as required', guidance was available to staff to ensure these were given in a consistent way.

Preventing and controlling infection

- People were supported in line with infection control policies, which reduced the risk of cross infection.
- Staff wore gloves and aprons when supporting them with personal care. Personal Protective equipment (PPE) was available throughout the building and was accessible to staff.

Learning lessons when things go wrong

- Incidents and events were reported and the registered manager reviewed information to reduce the risk of reoccurrence. For example, where medication errors had taken place, actions were implemented to try and prevent this happening again.
- Processes were in place to ensure learning from events and staff told us information about any changes or improvements were shared with them to ensure the staff team acted consistently.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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 spoke positively about the support they received from staff. One person said, "[Staff member name] goes beyond the call of duty, they will do anything for you. If I have any worries, I always talk to them. All staff are kind and polite." Another person commented, "The staff are kind and always have time for a chat, I never feel like I am being rushed or a nuisance."
- We observed staff to be kind and friendly while interacting with people. Staff knocked on doors and asked consent to enter people's homes.
- Staff spoke with fondness about the people they supported. They shared examples of how they and their colleagues tried to deliver people's care with a positive attitude and were aware of their impact on people. One staff member said, "My approach is going into people's homes happy. Remember they may not see anyone else that day, I ask if there is there anything else I can do."

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

- People were supported to make their own decisions where possible. Care plans offered guidance to staff about how to involve people in their care and make their own choices.
- One person told us, "I have fun with the staff that come and help me, we have a laugh and share a sense of humour, when you are stuck in bed 24 hours a day you need a bit of light-hearted banter. There is a line they don't cross, we have our fun, but I always get the care I need, I am totally happy here and would go anywhere else."

Respecting and promoting people's privacy, dignity and independence

- People felt staff were respectful and mindful of their privacy. One person told us, "Staff always knock my door and wait for me to respond. I do not have any complaints about the staff."
- Staff shared examples with us of how they promoted people's independence. For example, when supporting people with washing and dressing allowing them to do as much as they could for themselves and only offering support when needed.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People and relatives were positive about their support and expressed confidence in the management of the service. One person said, "I think the place is well run, I know the managers and I can always talk to them. I have never had to make a complaint, but if I needed to, I feel pretty sure it would be dealt with. If I was rating this service out of 5, I would give it a 7!"
- Staff we spoke with felt the support provided was of good quality and that they were well supported by the registered manager and the wider management team. One staff member said, "I really like working here. Information is shared with us and the manager is approachable. I leave here each day feeling like I've made a difference."

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong, the management team had spoken with people and their relatives and explained what action they had taken to improve the quality of care people received.

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

- The registered manager understood their responsibilities and was supported by a wider management team and colleagues acting on behalf of the provider. There were systems in place to review the quality of care people received. We noted these had not always been completed in a timely way, however improvements had been made in recent months and the timeliness of audits now meant action could be taken to address any identified concerns.
- Audits were in place to review areas such safeguarding events, medicines, call times, care plans as well as accidents and incidents. Information gathered was reviewed by both the registered manager and people appointed by the provider to maintain oversight of the service.
- Where things had fallen below the expected standard of care, action plans were developed to drive improvements. Information was then shared with staff so changes could be made and improve people's experience of care.

- The rating from the previous inspection was displayed in communal areas of the service, as required.

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

- People and relatives told us they had been asked to share their feedback about their experience of care. One person told us, "I have no complaints about the management, the place is well run, both the managers are helpful in my experience. I regularly receive questionnaires about what it's like living here...I wouldn't want to live anywhere else." Another person said, "I did make a complaint a long time ago, it was dealt with, and I've moved on. I regularly complete feedback forms; I wouldn't change a thing."
- We reviewed feedback from people and saw action had been taken to address any concerns.
- Staff told us they were able to share their views in both group meetings as well as 1 to 1 supervisions. One staff member said, "The manager recently held a 'how are you doing?' meeting. There is an open door approach, I am happy to approach any member of the management team. I feel proud to say I work here."

Working in partnership with others

- The registered manager and staff team worked alongside external professionals to ensure people's needs were met. This included GP's, community nursing teams, speech and language therapists, social workers, and occupational therapists.
- We reviewed feedback gathered by the registered manager which reflected positive comments from visiting professionals.