

## Housing & Care 21

# Housing & Care 21 - Alrewych 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 27 and 28 July 2016 and was announced. At the last inspection completed 4 December 2013 the provider was meeting all of the legal requirements we looked at.

Alrewych Court is an extra care housing scheme that provides accommodation and care for up to 54 people. As part of the scheme the service is registered with CQC to provide personal care to people living at the scheme. At the time of the inspection there were 30 people using the service for support with personal care. There was a registered manager in post. 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 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 did not always receive their medicines as prescribed.

People were enabled to consent to their care and support. People were cared for by staff who had the skills to support them effectively in most areas of their care. 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 team and registered manager. People were supported by a committed, motivated staff team who felt supported. Quality assurance checks were completed across the service to identify areas for improvement and further develop the service provided to people. Where improvements were required in these quality assurance systems the registered manager proactively made changes.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People did not always receive their medicines as prescribed.

People were protected by a staff 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.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

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

**Good** ●

### Is the service caring?

The service was caring.

People were supported by a staff team who were kind and caring. 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.

**Good** ●

### Is the service responsive?

The service was responsive.

People received care that met their needs and preferences. People felt they were involved in developing their own care plans. 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.

**Good** ●

## Is the service well-led?

Good 

The service was well-led.

People told us the service was well-led and they felt listened to and heard by the staff team and registered manager. People were supported by a committed, motivated staff team. Quality assurance checks were completed to identify areas for improvement within the service.

# Housing & Care 21 - Alrewych Court

## **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 27 and 28 July 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 nine people who lived at the service. Six of these people used the service for personal care. We spoke with nine relatives of people who received personal care. We spoke with the registered manager and six members of staff including the care coordinator, senior care staff and care staff. We reviewed records relating to people's medicines, three 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 we spoke with told us they were happy with the support they received with their medicines. However, we saw that medicines were not managed effectively for all of the people using the service. People were not always receiving their medicines as prescribed. For example, one person required a medicine to be given once each week by care staff. However, this medicine had been administered three days early and not on a weekly basis as prescribed. The registered manager ensured that medical advice was sought immediately when this concern was identified during the inspection. We looked at medicines administrations records (MAR) and saw they were not always accurately completed. We found further errors with medicines administration including incidents where people's medicines were not available and therefore were not administered. Senior care staff we spoke with confirmed not all of these incidents had been reported to them. This had resulted in people not being given their prescribed medicine and replacement medicines not being sought. We also saw an example of one person's medicine not being administered by care staff due to care visits being scheduled too closely together. Care staff had recognised it was not safe to administer the medicines without sufficient time between doses. However, they had not reported the fact the medicines could not be administered therefore arrangements were not made to administer the medicine at a later time. This resulted in them not having received the required medicine. The medicines management systems within the service did not ensure people received their medicines as prescribed.

We saw the provider had a recently updated medicines policy in place, however, this had not been fully implemented by care staff and the registered manager. For example, the policy outlined protocols should always be in place for people who received 'as required' medicines. We found these protocols were not always in place. Some people had not received any of their prescribed 'as required' medicine. Staff were not able to confirm why the medicines had not been given. They could not be sure if these medicines had not been administered due to the person not requiring them or due to the lack of guidelines as to when they may be needed. Staff did not have sufficient guidelines available to them around when people may need their 'as required' medicines.

People told us staff kept them safe from potential hazards and risks to their safety. One person told us, "I've had no accidents and it's very safe". We were told by people and their relatives that staff proactively managed the risks to them without putting unnecessary restrictions on them. One person told us, "I was having difficulty getting about...but now they have helped me get a walking frame". A relative told us, "They help [person's name] stay safe around the place, like when [they] use the lift and they help [them]. They always make sure [person's name] is ok but they are there to let him do things [themselves]". Staff we spoke with were able to describe the specific risks to individual people at the service and how to protect them from harm. However, we saw risk assessments did not always outline the risks to people or the steps being taken by staff to protect them from harm. The registered manager acknowledged this concern and advised reviews would be completed following the inspection. We saw accidents and incidents were recorded appropriately by staff and reviewed by managers. Managers had completed investigations where necessary and took steps to make improvements and reduce risks to people. People were protected by a staff team who understood the risks to them and the steps required to reduce the risk of potential harm.

People told us they felt safe living at the service. One person told us, "I feel safe and at ease with [staff]." Staff we spoke with could describe the potential signs of abuse and how they would report any concerns they had about people. The registered manager understood how to identify potential abuse and knew how to report these concerns. The registered manager had reported concerns that had been identified about people using the service to relevant authorities such as the police and the local safeguarding authority when it was required. This ensured plans were put in place to protect people from the risk of abuse. People were protected by a staff team who knew how to recognise potential concerns about their safety and well-being and took action to safeguard them from harm.

We looked at how the provider recruited staff members to ensure they were suitable to work with the people who lived at the service. We found safe recruitment practices were in place that included a face to face interview and pre-employment checks. These were completed before staff members started to work at the service. We found checks completed included the staff member's employment history, references and a check on their potential criminal history. People were supported by suitable members of staff due to safe recruitment practices.

People told us there were sufficient numbers of care staff and that staff teams were managed effectively. One person told us, "They're always here on time". Another person told us, "We all have our care teams so they are always people I know." Staff told us there was always a senior care staff member available if they needed support. There were sufficient numbers of staff in place to support people effectively.

## Is the service effective?

### Our findings

People told us care staff had the skills to support them effectively and they felt staff were well trained. One person told us, "They are well trained and they take the time to do it right." A second person told us, "They're all very capable." A relative said, "I think the carers are excellent." Another relative told us, "The seniors are very approachable, and the care staff are well trained." Staff also told us they felt they had access to training that supported them to be effective in their roles. One member of staff told us, "We have lots of training!" and another told us how their training was always kept up to date and was refreshed regularly. Staff also told us how they were well supported by senior care staff and the registered manager. They had regular one to one meetings with their line manager and said they felt they could ask for support whenever it was needed. Staff told us they felt the induction of new care staff was good and enabled them to support people well. This view was supported by the people we spoke to with one person telling us, "[New care staff] do shadowing with more experienced staff". We saw training records and found staff to have completed regular training and to have had regular support. Spot checks were completed by senior care staff on the care delivered to ensure it met people's needs and staff were competent in their roles. People were supported by a staff team with the skills to support them effectively.

People told us they were involved in making decisions about and consenting to their care. They said care staff always asked their permission before providing support. 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. We saw where people lacked the capacity to make decisions or provide consent, staff had assessed this capacity and were making decisions on people's behalf in their best interests.

Care staff we spoke with told us they were not clear on the requirements of the MCA. However, we found they referred decisions to senior care staff or the registered manager who took the steps required under the MCA. We saw capacity assessments were completed when there had been a question around someone's ability to make a specific decision. We found these assessments often covered a range of elements of people's care rather than focussing on specific decisions as required by the Act. This is to ensure that variations in people's ability and capacity to make different decisions can be properly understood and considered. The registered manager told us they would make adjustments to their practices to ensure they were following all of the requirements of the MCA. People were however supported to consent to their care where possible and decisions were being made in people's best interests.

People told us they were happy with the support they received with their food and drink if this was required. Most people told us they received support from family members or were able to complete tasks independently. One relative told us if support was required with food and drink, care staff were only allocated sufficient time to prepare simple meals. However, they told us the food was prepared well and met the person's needs. People were supported to receive the food and drink they needed to meet their nutritional needs.

People told us they were supported to access healthcare professionals when required. They said care staff were proactive in noticing any concerns about their health. One person told us, "They will alert me to the need to get the doctor if they spot something like a rash". Another person told us, "They will ask how I'm feeling and if they think I'm not so good they will get me a doctor." Staff we spoke with were able to describe the specific signs individual people might display and how to respond if there were concerns about health conditions, for example diabetes. Relatives told us staff sought advice from healthcare professionals when required. Records we looked at confirmed advice was sought when needed. People were supported to maintain their day to day health.

## Is the service caring?

### Our findings

People told us care staff were kind and caring in their approach. They told us care staff spent time with them and they felt valued as individuals. One person told us, "It's nice to have them call round. It's like a social bit of my life. They have a chat". Another person told us, "I don't have much family and it couldn't be better for someone like me. I'm very pleased with them. They are reliable and friendly". A third person told us, "The care is done with humour and dignity and safety. But they know the boundaries and are very professional. They treat me like an individual and they chat if you wish". A relative told us, "[The staff] are friendly and they are lovely with [person]". Staff we spoke with had a good knowledge of the individual people they supported. They told us how they felt it was important to make people feel valued and cared for. One staff member told us, "I treat [people] as I would my own parents." People were supported by a care staff team who were kind and caring to the people they cared for.

People told us staff supported them to make choices about their day to day care. Staff we spoke with were able to tell us about examples of how they gave choices to people. One staff member told us, "We're always asking them. Checking if they're too cold, too warm, have enough to drink". Another staff member told us they thought the promotion of people's independence was a key strength within the service. This was supported by the views of people using the service. One person told us, "It's the balance between independence and being there. They're very good at that". They told us, "They're good at building confidence". Relatives also told us staff promoted people's independence. One relative told us, "There is a good balance of what they will do and what [person] wants to do [themselves]". Another relative told us, "[Person] still wants as much independence as possible and they respect [them]...[Person] has dementia but is still very active". People were supported by a staff team who promoted choices and encouraged people to be as independent as possible.

People told us they were always treated with dignity and respect by care staff. One person told us, "When they call I'm always treated with dignity and respect, they are very polite but friendly as well". Staff were able to describe how they would protect people's privacy and dignity during personal care tasks. For example, shutting doors and windows and covering people up when washing them. Relatives commented how staff protected people's dignity and how preferences around the gender of care staff were respected. One relative told us, "They are gentle and safe with [person] and [they are] treated with dignity. [Care staff] go above and beyond". A second relative told us, "They seem to provide [person] with dignity and make [them] feel very comfortable. [Person] is at ease with [care staff]. Some of them are very good." The registered manager outlined in their PIR that the organisation had a commitment to the 'Dignity Charter'. This is a demonstration of the provider's commitment to promoting dignity in care. This was supported by staff members who told us they had themselves signed up as 'Dignity Champions' also demonstrating a commitment to promoting people's dignity. People's dignity and privacy was protected and promoted by care staff and people were treated with respect.

People's relatives were involved in their care where it was appropriate to do so and where people wanted this. Relatives told us they had good relationships with care staff and communication was good. People were supported to maintain relationships with those people important to them and staff encouraged

relative's involvement in care where appropriate.

## Is the service responsive?

### Our findings

People told us they received care and support that met their needs. They told us they were involved in the planning of their care and information was recorded in a care plan for staff to refer to. We saw during the inspection that care staff regularly accessed and updated care records with information about the care provided to people. We saw that risk assessments did not always contain comprehensive information about the risks to people and how staff should manage these risks. However, we found staff had a good knowledge of people's needs and this did not impact on the quality or the safety of care people received. The registered manager had outlined in their PIR that care planning documentation was being reviewed and improved. We discussed this further during the inspection and we saw they were proactive in making improvements to documentation. People's care and support needs were met and they were involved in the development of their care plan.

People told us care staff reviewed care plans regularly and made updates to both the care provided and the care plan when this was needed. Staff we spoke with understood people's needs and recognised that people's needs changed. One staff member told us, "Every day is different for them". One person told us, "They have changed things if I've wanted. I had an earlier evening time call than I wanted and they changed this to a later one". Another person told us, "They do reviews...they check up and check the care plan is ok. They ask me if I'm satisfied". Care staff told us if care plans were not accurate they would report this to senior care staff and, "They'll change it straight away". Relatives confirmed that changes to care plans were implemented quickly. One relative told us staff had updated their family member's care plan within 24 hours of changes in the person's needs. Relatives confirmed they were involved in developing care plans where appropriate. Staff we spoke with were able to describe people's care needs and we found care plans were in place. and care plans were regularly reviewed and updated.

People told us they had not needed to raise a complaint, however, they knew how to if the need arose. They told us they felt confident their views would be heard and any issues resolved. One person told us, "I've not needed to complain but would do so if needed and there is a complaints system". We saw the registered manager kept a log of complaints received and they recorded any actions that had been taken. People's complaints were heard and responded to in an appropriate way.

We looked at how the registered manager proactively sought people's views and opinions about the service in order to make any required improvements. We saw that feedback surveys were completed with people and their relatives at regular intervals. We also saw the registered manager analysed the information received in order to identify actions required to improve the service to people. The registered manager was proactive in seeking people's views and complaints in order to make improvements to the service.

## Is the service well-led?

### Our findings

People told us they were happy with the management of the service and relatives supported this view. One relative told us the service was "Excellent". They told us, "It's working and the management are very good". Another relative told us, "[Staff] are very approachable and [the registered manager] is very good". A third relative told us, "[The registered manager] is very good and has sorted out some things that were a problem". People and relatives told us they felt involved in the service and that their views were listened to by staff and the registered manager. They told us communication was good and issues were followed up on and resolved.

Staff told us how the registered manager had developed a team of staff who worked well together. One staff member told us, "It's teamwork. We use each other to help." Another staff member told us, "We all communicate with each other. We help each other out". Staff told us they felt heard by the registered manager and felt well communicated with. One staff member told us, "We've all got our own opinions and voices". We saw staff attended regular meetings where people's needs and the wider service were discussed. People were supported by a staff team who felt involved in the service and supported by the management team.

Staff told us they felt managers were fair and took action to improve the service staff provided to people when required. 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. Management 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 the registered manager and provider's quality assurance systems and saw a range of quality checks and audits were in place. We saw quality checks had identified areas of improvement, for example, prior issues with medicines administration. We saw action plans that had been developed as a result of prior audits and we saw that these action plans were addressed and the required tasks were completed. We saw that where there were discrepancies in the results between internal and external surveys completed by people using the service, the registered manager was proactive in working to identify the cause in order to make improvements. We saw the registered manager was investigating these discrepancies and further developing the quality assurance systems in order to identify the relevant issues and improve the service provided to people.

The registered manager acknowledged there were some areas in which improvements were still required within the wider quality assurance system. For example, further developing medicines audits and ensuring all accident and incident records were monitored for trends and common themes. In the registered manager's PIR they outlined some areas in which improvements would be made. They had specified some improvements being made to medicines management systems such as introducing new medicines administration tools. We saw these new systems were in place. The registered manager also outlined in the

PIR they would be developing the quality assurance system to reflect CQC's inspection framework. We saw the registered manager working on improvements to the quality assurance systems during the inspection. Quality assurance and governance systems were in place and were identifying areas of improvement within the service. The registered manager recognised the need for further development of these systems and this work was already in progress at the time of the inspection.