

Housing & Care 21

Housing & Care 21 – Wolverhampton

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Housing & Care 21 – Wolverhampton is registered to provide personal care for people who live in their homes. At the time of our inspection 121 people were receiving personal care.

The inspection took place on 16 and 17 August 2016 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that they would be in.

A registered manager was not in post at the time of our inspection. 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 was run. The provider had made arrangements for a manager to support people and staff and drive through improvements to the quality of the care people received. The manager had been in post since December 2015.

People were supported by staff who knew what actions to take if they had any concerns for people's safety. Plans had been developed with people which considered people's risks and gave clear guidance in order to promote people's safety. Risks to people's health were assessed and people were supported to receive healthcare support when this was needed. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely.

Staff had the knowledge and skills they needed to care for people and were supported to obtain further training to meet people's needs. People were encouraged to have enough to drink and eat by staff who knew their preferences and dietary needs.

People had built good relationships with staff and were supported by staff who were kind and interested in their lives. People told us staff treated them with respect and dignity and encouraged them to decide how they would like their care to be planned and given. People and their relatives could rely on staff to provide the care they needed. Staff cared for people in ways which helped them to maintain their independence.

Care plans and risk assessments were updated as people's needs changed, so they would continue to receive the care they needed in the best way for them. Where people were not able to make all of their own decisions the views of their relatives and other professionals were listened to.

People and their relatives knew how to raise any concerns or complaints about the service. Systems for managing complaints were in place, so any lessons would be learnt.

People and their relatives were encouraged to provide their views on the quality of the service. The manager and senior staff checked the quality of the care people received. Changes had been introduced to develop people's care and the service further. Staff told us they felt support by the registered manager and senior staff.

Staff understood how the senior team and manager expected people's care to be given, so people would receive the care they needed in the ways they preferred.

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.

People were cared for by staff who understood the risks to people's safety and supported people in ways which reduced risks. Where people needed assistance with their medicines they were supported by staff. There was enough staff available to care for people.

Is the service effective?

Good 

The service was effective.

People were encouraged to have enough to eat and drink and staff understood people's health needs. Staff checked people agreed to the care offered and people's rights were promoted by staff. People were cared for by staff who had the skills and knowledge needed to care for them.

Is the service caring?

Good 

The service was caring.

People were encouraged and supported to decide how they wanted their day to day care to be given. People were positive about the staff and the relationships people and staff had built. Staff worked in ways which promoted people's dignity, independence and privacy.

Is the service responsive?

Good 

The service was responsive.

People were confident if they raised any concerns or complaints staff would take action to address them. People chose what care they wanted and how their care was to be given. Staff supported people so their changing needs were responded to.

Is the service well-led?

Good 

The service was well led.

People and their relatives were positive about the way the

service was managed. Staff knew what was expected of them and felt supported to provide good care. Checks to monitor the quality of the service provided were regularly undertaken and action taken to develop the service further.

Housing & Care 21 – Wolverhampton

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 16 and 17 August 2016 and was announced. The provider was given 48 hours' notice because the organisation provides homecare services and we needed to be sure someone would be in. One inspector and an expert by experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service and looked at the notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also requested information about the service from the local authority. The local authority has responsibility for funding people who used the service and monitoring its quality.

We spoke with 13 people who used the service by telephone to gain their views about the care and support they received. Not all people who used the service were able to talk to us directly so we spoke with nine relatives by telephone. We spoke with the manager, two members of senior care staff and five care staff. We also spoke with the recruitment manager.

We looked at four records about people's care and medicines, three staff recruitment files and staff training records. We also looked at records about people's safety. We looked at the checks the manager made to satisfy themselves the service was meeting people's needs. These included questionnaires people had completed about the quality of the service. We checked records showing the actions the manager had taken when people or their relatives had raised concerns or complaints. We saw minutes of meetings with staff and how information on people's changing needs were communicated to other staff.

Is the service safe?

Our findings

People said they were supported by staff who took action to promote their safety. One person told us, "My carers (staff members) are very good and will take the time to make sure the sling is positioned where it should be and that I feel alright before they start to lift me." Another person told us staff made sure they had their alarm near to them before staff left. The person told us this reassured them. A further person said, "In the seven years that I have used this agency, I have never experienced a problem with any of the carers (staff members) and the use of my key safe."

Relatives told us staff always supported their family members by making sure their homes were secured in the ways their family members preferred. One relative told us staff always worked in ways which reduced the risk of their family member becoming ill. Another relative told us staff always supported their family member to move safely around their home and did not rush them. The relative said, "[Staff member's name] is always there to help [Person's name]."

Staff knew what actions to take if they had any concerns for people's safety and understood the different types of abuse people may experience. All the staff members we spoke with were confident if they raised any concerns senior staff would take action to promote people's safety. One staff member gave us an example of action that had taken when they had concerns for one person's safety and well-being. The staff member told us, "The office (senior staff) always follow through if we have any concerns."

People and their relatives said they discussed potential safety risks with staff, either before they began to receive care or at regular reviews. People said they talked about risks to their physical health and the support they needed with care staff. One person told us they had discussed the best way for their skin to stay healthy with care staff and action had been taken so they remained well. One relative gave us an example of the actions staff had taken so their family member was supported to stay as safe as possible in the ways they preferred. Staff told us about the actions they took to help people to stay as safe as possible, for example, by taking action to reduce the risk of people experiencing falls. Staff also described how they followed the advice from health professionals, so risks to people's health and staff's own safety were reduced. People told us and we saw their risk assessments had regularly been reviewed.

People said they were supported by staff who knew their safety needs well and this helped them to feel safe. One person told us they valued having regular carers, as this meant they did not have to re-explain their care needs to different staff. One relative said their family member had not always had regular carers, but this had improved in the previous year. Another relative told us, "My husband has had his regular carers (staff members) for a long time now and they know him as well as I do." Another relative we spoke with told us when new staff joined the organisation they were always supported by staff who knew their family member and their care and safety needs well. Staff explained they regularly cared for the same people so they were able to get to know people's needs and to care for them in the best way for them.

People and their relatives said there was enough staff to meet people's care and safety needs and they could rely on staff arriving when planned. One person told us, "I never feel rushed." Another person said,

"Staff can be a bit busy, but they take their time with me." Three people told us if there were any occasional delays in staff attending they were contacted by senior staff. People told us this only happened very occasionally. Staff told us there enough time to provide the care people needed. One member of staff said they had raised a concern that insufficient travel time had been planned for one call. The staff member told us the manager had taken action to address this, so the person received their care at the time agreed.

The manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the manager had obtained references for staff, so they were assured new staff were suitable to work with people.

Some people we spoke with managed their own medicines while other people were supported by staff to have the medicines they needed. One person told us, "I've never had a problem with my tablets." Two people highlighted how staff consistently recorded the medicines they had been supported to take. One person said, "My carer (staff member) is very careful to make sure that [staff member's name] writes in the records every day when I have taken my tablets." Two people told us staff always checked to make sure they had taken the medicines they needed to remain well.

All the staff we spoke with told us they had received training in how to support people to take their medicines. Staff also explained their competency to support people to have the correct medicines was checked by senior staff. We saw staff kept clear records of the medicines they had supported people to take. The records were regularly checked which gave the manager assurance people had been given their medicines in way which promoted their safety.

Is the service effective?

Our findings

People told us staff had the knowledge and skills they needed to care for them. One person told us, "They (staff) have the right training, and most of the staff have been with them a long time, so have the experience, too." Relatives were positive about the training staff received. Two relatives highlighted how skilled staff were in assisting their family members. One relative told us how staff ensured their family member's safety and said, "Carers (staff) are so professional in using the hoist and with reassuring [person's name]."

Staff told us they had received the training they needed to meet people's care needs. One staff member told us, "The training is pretty good it means you are on top of things and up to date. This makes it better for the clients." Another member of staff explained there was a system in place which ensured staff had completed the specific training needed before they could be allocated to care for people. The staff member said, "This is good, as it's about people's safety." We saw the training staff had undertaken matched the needs of the people they cared for.

People and their relatives said new staff were supported by staff who knew people's care needs. One relative told us, "They (senior staff) send staff out to train together, so they are not going in cold." The relative told us as a result of this their family member was always supported by staff who knew how to care for their family member. We spoke with two members of staff who had recently started to work for the service. The staff members said they had the opportunity to work with more experienced staff before they cared directly for people. One staff member told us they had requested additional time working with more experienced staff and their request had been listened to. The staff member said as a result of this they were confident in their ability to provide good care to people.

Staff told us they were supported to develop their skills and practice further so people's care delivery continued to improve. Staff said they had regular individual meetings with their managers and met regularly as a staff team. Staff were confident if they raised concerns for people's health or wellbeing this would be addressed by senior staff.

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

People said staff always checked with them to make sure they were happy to receive the care planned. One person said, "They (staff) always ask if I am ok to have help." Another person explained, "I don't particularly like being hoisted, so my carers (staff) will make sure that they explain to me exactly what they are doing and they always ask me if I'm ready before they start to lift me up." Staff gave us examples of how they would check if people who did not communicate verbally were happy to receive the care offered. Staff told us they had received training and taken part in staff discussions to help them to understand how MCA affected the way they needed to care for people, so people's rights were promoted.

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. Applications to deprive someone of their liberty must be made to the Court of Protection. Senior staff we spoke with understood the role of the Court of Protection and how this may affect the way they needed to care for people. The manager had not needed to make any applications to the Court of Protection. The manager had a good understanding of MCA and was happy to seek external advice if they needed to.

Some people we spoke with received support from staff to have enough to eat and drink. People told us their preferences and choices were listened to. One person said, "My carer (staff) always make's sure that my main meal is piping hot and cooked through properly and that I have a drink ready." Another person told us the staff member who supported them, "Always makes sure I have plenty to drink for the rest of the morning before she leaves." One relative told us that staff let them know if they had any concerns their family member was not drinking enough to remain well. Staff we spoke with were knowledgeable about the dietary needs and food and drink preferences of people they cared.

People said staff supported them to remain as well as possible and were confident if they needed help because of ill health staff would provide this. One person told us staff prompted them to see their GP if they saw they looked unwell. Another person gave us an example of when they had been encouraged by staff to see their GP. The person explained they would not have done this without staff prompting them. The person said, "Had it not been for my carer, (staff) things could have got a lot worse."

Staff we spoke with understood the risks to people's health and gave us examples of the actions they took to support people in emergency situations. This included contacting paramedics if people were very ill. Two staff members we talked with gave us examples of where people had been supported to obtain medical assistance so they recovered their health as quickly as possible. Both staff members told us people's families had sent 'thank you' cards as a result of the care and supported given by staff.

Is the service caring?

Our findings

All the people we spoke with were very positive about the staff who supported them. One person said, "My regular carers (staff) are like family members now and I would trust them to do anything for me." Another person told us, "They (staff) are fantastic." A further person said, "There's never been a staff member I have not liked." Relatives highlighted how thoughtful staff were. One relative told us, "They (staff) are very sensitive with [person's name]. It is lovely to hear [person's name] having a bit of a laugh while they are attending to them." Another relative told us, "[Person's name] has a giggle and often sings with the carers (Staff)."

We heard staff in the office were interested in what people and their relatives wanted to say when they contacted the office. All the staff spoke warmly about the people they cared for and showed they valued the relationships they had built with the people they supported.

People told us they had regular carers, and this had helped them to build good relationships with staff. One person told us, "If I am having somebody new look after me they will usually come with one of my regular carers so they can see what needs doing and I can meet them before they come on their own." Staff told us they often had the opportunity to meet people before they began to care for them. One relative told us, "[Person's name] has regular carers (staff) which is important to them. If one of them is off they will try and fill the place with one of their other regular carers (staff)." One relative told us their family member did not always benefit from seeing regular carers. The relative said this was improving and told us about one regular carer. The relative said, "[Staff member's name] is really excellent, they are very thoughtful."

All the people we spoke with told us staff chatted with them. One person said staff knew they liked to talk about their previous life experiences and there were opportunities to do this. Staff recognised how important their visits were for people's well-being. One staff member explained how they took every chance to chat to one person who did not have many visitors. The staff member told us, "I encourage one person to come in (to the kitchen) and chat to me when I do [person's name] meals."

People gave us examples of the way staff encouraged them to be as independent as possible. One person explained how staff supported them to maintain as much mobility as possible in ways which were safe for them. Staff we spoke with explained they encouraged people to be as involved as possible in the aspects of their personal care they were able to do. One staff member explained how they encouraged one person to be involved in pegging out their washing, with support from staff. A senior staff member told us, "The key thing is to maintain people's independence so they can stay in their own homes. This is where we make the biggest impact."

Staff told us they got to find out about people's histories and what was important to them by talking with people and their relatives. One staff member said, "You find out about people and have a laugh with them. You get attached to people, as you often spend more time with them than their families." Another staff member told us how valued a person they cared for felt when they had marked an important event in their life. The staff member told us they knew the person was interested in handbags and purses, so they took a

special purse in to show the person. The staff member told us, "This really put a big smile on [person's name] face." One staff member explained how they checked people's care plans and spoke with staff who already knew people well. The staff member explained by doing this they could find out what was important to people and how they liked their care to be given.

People told us staff encouraged them to be involved in decisions about their day to day care. One person we spoke with explained they had asked for staff to greet them in a specific way. The person told us staff always took this action, so they were reassured when staff entered their home. People told us about other day to day decisions they made. These included what they wanted to eat and drink, and how what they wanted to wear. People told us staff listened to their decisions and acted on them. One staff member told us a specific way for one person to let them know when they wanted assistance to walk had been agreed, to help the person to communicate their decisions. A further staff member said, "You always offer people choices."

People told us the way they were treated by staff made them feel respected. People said their right to be treated with dignity was taken into account by staff. One person told us "Staff are respectful, and always close my curtains." One relative said their family member was respected by staff. The relative told us, "They (staff) talk to [person's name] like they would to their own parents." Staff gave us examples of the actions they took to help people to maintain their dignity and privacy. These included making sure people were covered during personal care and people's information was kept secure.

We saw people's care plans provided guidance to staff in the best way to support people so their dignity was maintained. We also saw people had been involved in decisions about how their information was managed and their privacy promoted.

Is the service responsive?

Our findings

People told us they were involved in planning their care. One person said about their care plan, "It explains everything that needs doing." The person told us they had met with staff to discuss how they wanted their care to be given. The person told us, "[Senior staff member's name] gave me the opportunity to change anything that I wasn't happy with." Another person told us because they had been involved in planning their care they were able to identify areas they preferred to do themselves. The person also told us, "Anything I can't do they (staff) do it for me."

One relative we spoke with described how staff had worked with their family members and them, so their family member's care would be planned in the best way for them. The relative told us as a result of this their family members had received, "Brilliant care all the way through."

People were encouraged to let staff know if they had any preferences for the way their care was to be given. Three people we spoke with told us they had let staff know if they preferred to be supported by a staff member of the same gender. People told us their wishes were listened to and their care planned in the way they wanted. People and their relatives said that regular staff knew their preferences and life histories well.

Staff told us they found out about people's preferences for how their care was to be given by checking people's care plans and by chatting to people and their relatives. Staff gave us examples of how they used this knowledge in the way they cared for people. One staff member told us how knowing the preferences of one person who did not fully communicate verbally helped them to assist the person. The staff member explained this resulted in the person receiving their care in the way they preferred and at the time that was right for them. Another staff member told us by chatting to people and checking their care plans they were able to find out about their life histories and what was important to people. One person we spoke with told us they really enjoyed chatting to staff about their life experiences, culture and spirituality.

People and their relatives told us staff talked to them about their care and support needs, so plans could be agreed to care for them in the best way for them. One staff member told us, "Some customers really like to be involved with their care plans, and their families, too." People and their relatives told us they were encouraged to talk to staff, so plans could be adapted to meet people's changing needs. One person said they had made a suggestion to change their care and this was listened to. As a result, the person was now receiving their care in the way they wanted. One relative explained they could not always attend review meetings, but were able to contact senior staff at the office at any time. The relative said they were confident action would be taken if they made any suggestions for changing their family member received.

Staff gave us examples of when they had made suggestions for changing people's care plans. These included changes so people's health would be maintained and to make sure people had the equipment they required as their needs changed. All the staff we spoke with were confident people's plans would be adapted so people would continue to receive the care they needed. We saw people's care plans recorded people's preferences and provided staff with clear instructions, so staff knew the best way to care for people.

People and their relatives gave us examples of how staff had provided flexible support to meet their needs. Two people told us how staff had altered the time of their care at short notice, so they could do things which were important to them. One relative told us how staff had provided extra care to their family member after they had returned home after a stay in hospital, so they could be sure their family member was safe and well. Another relative said how helpful staff had been at collecting urgent prescriptions, so family member would regain their health as soon as possible.

None of the people we spoke with had made any complaints about the service. One person we spoke with told us they had raised a concern with senior staff and said this was, "Sorted out straight away." People had been given guidance on how to raise any concerns and complaints. One person said, "I've never had anything to complain about, but I know there is a leaflet in my folder that explains who I should complain to and what happens after that." A further person told us, "There's nothing to complain about, it's perfect."

One relative we spoke with said they had raised a complaint about the care their family member received. The relative told us senior staff had taken action and this had resulted in improvements to their family member's care. We saw the manager and provider had systems in place to review any complaints received. We saw where complaints had been received these were investigated and responded to promptly. Action had been taken and lessons learnt, such as changes to the way staff were allocated to care for people, so the service would develop further.

Is the service well-led?

Our findings

A registered manager was not in post at the time of our inspection. The provider had made arrangements for a manager to support people and staff and drive through improvements to the quality of the care people received. The manager had been in post since December 2015. The manager gave us assurances they would apply to become registered manager during September 2016, when the location of service was due to change.

Every person we spoke with was positive about the way the service was managed. People told us they had met with senior staff to discuss the quality of the care they received. One person said, "The care is good and the office staff, too, they ask me if I am happy with my care." People we spoke with told us senior staff were approachable. One relative said, "It's managed well, it's flexible, someone at the other end puts in the work and it works." One relative said their family member had not always had a consistent staff team, but they had discussed this with senior staff and this had led to improvements.

People and relatives told us they would be comfortable to talk to senior staff if they wanted to discuss plans for developing the service further or their own care. People said they were confident action would be taken by senior staff if they contacted them. One relative highlighted they had made a suggestion to improve staff knowledge and the care their family member received. The relative said the manager had adopted the suggestion they had made and their family member now received their care in the way they preferred.

Staff told us the way they were managed led them to focus on the needs of the people they were caring for. One staff member gave us an example of how they were supported when they had made a suggestion for improving one person's care. The staff member explained systems had been put in place to support them to provide the care the person wanted. The staff member said as a result, the person was, "So happy and relieved, you could see it on their face. We had a lovely thank you card and [person's name] now sleeps better and the health of their skin improved." Another staff member said they had been listened to by senior staff so more time was allocated between calls. The staff member explained this had reduced one person's anxiety as staff were able to be more punctual when arriving to care for them.

One relative told us because of the way the service was managed, "It's a fantastic service. Overall we are more than pleased to get a good company. It's a great relief to have them." Staff we spoke with described the culture of the service as open, and said this helped them to have a clear understanding of how they were to support people. One staff member said, "It's about how they (people) want to live their lives, about their well-being and about them feeling valued." We saw the minutes of meetings with staff provided them with guidance in how to support people and set out the manager's expectations for the quality of service people were to receive.

People gave us examples of how they were asked for their views on the service they received. One person told us, "When I've had a review meeting in the past I've always been asked about how all the carers treat me and how they talk to me and I have never had an issue in the seven years that I have been with the agency." Staff told us they also contacted people at different stages to check they were happy with the care

they were receiving. The manager explained these checks were done so they could be assured people were receiving the care they needed in the best way for them. We saw the responses from people had been positive.

Staff gave us examples of some of the things which were checked by senior staff and the manager. These included checks to make sure staff were supporting people in the ways they preferred and people's care plans were up to date, so staff knew the best way to care for them. We also saw the manager checked the medicines which had been administered to people and any complaints or concerns people or their relatives had made.

The manager told us how information back from their checks helped them to develop the service further. We saw the manager had developed an action plan which showed the progress which had been made so people would benefit from being supported by a service which strived to develop further. This included progress made in respect of additional training for staff, improved checks so the manager could be assured people were receiving their medicines safely and improvements in how people call times were organised.