Wordsley Housing Society

Wordsley Housing and Independent Living Services

Inspection report

Wordsley Housing Society
30 Brook Street
Wordsley
West Midlands
DY8 5YW

Tel: 01384480770

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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

Wordsley Housing and Independent Living Services provides accommodation and personal care within a supported living environment for up to 22 older and younger adults who have mental health care needs. At the time of our inspection 22 people were using the service. Our inspection took place on 18 August 2016 and was unannounced. The service was last inspected on the 26 June 2013 where it met the Regulations that we assessed.

The manager was registered with us as is required by law. 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 a 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 kept safe, with detailed risk assessments in place and staff were aware of people's needs and how to support them. Medicines were given appropriately and staff felt confident in administering them. We found that there was a suitable amount of staff available with the skills, experience and training in order to meet people's needs.

Staff were knowledgeable and they had received an appropriate induction, on-going training and regular supervision. Staff felt well supported by the registered manager and felt that they could speak with them at any time. Staff sought people's consent prior to carrying out care and they had a good understanding on mental capacity. People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. People enjoyed nutritious food and could access drinks whenever they chose to. People's on-going health needs were maintained and staff assisted them to remain as healthy as possible.

People's preferences were sought and acknowledged and they enjoyed participating in leisure interests. Complaints and concerns were listened to and responded to effectively. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible. Staff spoke positively about the approachable nature and leadership skills of the registered manager. People told us that they were able to raise any concerns they had and felt confident they would be acted upon.

Although they were carried out, quality assurance audits were not always comprehensive and so not all areas of care provided could be analysed for trends and patterns. Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were not carried out on a regular basis. The provider supported the registered manager and staff well. Notifications were sent to us as is required by law, so that we could see how staff responded to incidents that occurred.

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.

Care staff supported people in a way that made them feel safe.

Detailed risk assessments were in place.

People were supported to take their medication safely at the appropriate times.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service and received on-going appropriate training and regular supervision.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff understood people's nutritional and dietary needs. People were provided with healthy meals and could have drinks whenever they required them.

Is the service caring?

Good

The service was caring.

People felt that staff cared about their needs.

People were involved in making decisions and their choices were respected.

Staff provided dignified and respectful care in a way that maintained people's dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in compiling their care plans.

People's preferences were acknowledged and staff assisted people to participate in activities of their choosing.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Good

The service was well-led.

People were happy with the service they received and felt the service was led and managed well.

Staff were supported well and felt that their opinions and views were listened to.

Audits were completed, but the quality and monitoring of the service lacked comprehensive recording.

Wordsley Housing and Independent Living Services

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 24 August 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with four people who used the service, four staff members and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, four medication records and a variety of quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care, to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe and one person said, "I am safe they look after me well here". A second person told us, "They [staff] help me with my personal care and do it safely". A staff member told us, "We [staff] keep people safe and try to help them live ordinary lives where they feel safe".

We saw that detailed risk assessments were in place and these covered areas including; mobility, diet, hygiene, health and independence where people left the home without assistance. We found that listed within the risk assessment were contact details of professionals involved in the person's care, should they be needed to offer guidance. Staff we spoke with were knowledgeable on people who required specific assistance and they were able to discuss risk and how it was managed. We saw that risk assessments considered the hazard observed, the risk before and after control measures were put in place and any residual risk rating. This information was then used to highlight possible risk and what could be done by staff to prevent or minimise risk. Staff told us that where a person's needs changed or an incident occurred a new risk assessment would be completed.

We found that staff were aware of patterns in people's behaviour and would be able to tell if any changes occurred. We saw that behavioural assessments included the presenting behaviour, identifying triggers for behaviour and enabling routines to give people structure. Staff told us that where people's behaviour may result in risk to their wellbeing, this was assessed on an on-going basis by the person's key worker. Where any behaviour raised concerns staff were able to tell us how they could support the person to assist to manage the behaviour in order to keep them safe.

We saw that fire alarms in the building were checked regularly. There was a fire safety procedure in place and people were aware of this. People told us that as they lived independently there was an expectation they would be pro-active in getting themselves to safety, however this would be with the assistance of staff. Staff told us that they each had a specific area of the building where they were responsible for getting people to safety. Staff told us that they would call 999 in the event of an emergency.

Staff shared with us that they were aware of safeguarding, with one staff member saying, "I understand abuse and what the indications of it could be. This could include behaviour and mannerisms, lack of appetite or changes in eating pattern, change in the person's appearance, unexplained incontinence or physical signs like bruising". Staff told us that any safeguarding concerns they had would be passed onto a senior manager and they would then be discussed with the appropriate external agencies. If it was required a meeting may then be held in relation to the concerns.

We saw that staff worked hard to keep people safe. Where people needed assistance in keeping their money safe, staff helped them with their finances and their incomings and outgoings were recorded. Due to people travelling independently in the locality, staff had compiled a questionnaire for people to help with road safety awareness and to assess what support they may need. A map of the local area had also been put together to show local amenities and any crossings or traffic lights in the area, so that people were prepared for their journey.

We saw that accident records were completed and that staff recorded information on them that included the person who had the accident, the person completing the record and details about the accident. We found that the report did not state what measures had been put in place to manage risk in the future. We spoke to the registered manager about this and were told that this was something that they would address to assist staff in their learning of how best to support people.

We found that sufficient numbers of staff were available to people. One person told us, "There are lots of staff around and they come when I need them". A staff member told us, "There are enough staff on each shift, this place has exceptionally high numbers of staff compared with other places I have worked. The service is exceptional in the support that people receive from staff". We saw lots of staff available to people and that if people wanted assistance within the property or to leave the building, staff were available to them.

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at four recruitment files and saw that Staff members had provided a full work history and all other appropriate checks had been completed correctly.

People that we spoke to told us that they received their medicines as expected, with one person saying, "I have my medicine on time". A staff member told us, "We [staff] are fully trained to give out medicines and when staff initially join the team they don't have to give medicines until they feel confident". Staff told us that they received competency checks monthly to ensure that they were giving medicines correctly and safely. We found that medicines were correctly signed for on Medicine Administration Records (MAR) as they were administered. We saw that where medicines were given on an "as required" basis a protocol was in place to inform staff what the medicine was for and what dosage to give. Medicines were stored correctly and disposed of appropriately.

Good

Is the service effective?

Our findings

People told us that they felt that staff were knowledgeable, with one person saying, "These staff are very good, they help me when I am stuck with things". Staff we spoke with were aware of people's conditions and were able to talk about symptoms comprehensively and how they affected the person. This meant that they would be able to take action to assist a person at the onset of any medical issues.

We found that staff members had received an appropriate induction period. One staff member told us, "My induction included shadowing other staff and making a rapport with tenants [people who used the service], getting to know them, so that I could be aware of any out of the ordinary signs and symptoms". Staff spoke enthusiastically about training and one staff member said, "Training is carried out often and that includes new and refresher courses. Recently I have done first aid, safe handling of medicines, mental capacity and Deprivation of Liberty Safeguards (DoLS). A second staff member told us, "I am now doing my QCF level 2 [additional accredited training] and receive lots of encouragement from my colleagues". We saw that staff training was planned in advance, so that staff could ensure their attendance and maintain their level of knowledge.

Staff members told us that they received regular supervision and that they also felt that the registered manager held an "open door" policy, where they could approach them with any issues. One member of staff told us, "I can talk to the manager about anything and speak my mind". Staff told us that they received an annual appraisal with a senior member of staff and that it was used as an opportunity to learn from their practice during the previous year and to set goals for the forthcoming 12 months.

People told us that staff members gained their consent before carrying out any actions. One person told us, "Nobody does anything for me unless I have agreed to it". A staff member said, "People live independently here, it's their home and they are tenants, we are just here to help, so we have to ask for consent". We saw that a mental capacity assessment was completed when people started to use the service and this set out how they could be supported by staff. We saw that in order to manage people's mental health issues effectively an aim and a goal was discussed with the person, as to how they wished to live. A plan was then put in place to achieve their needs. We saw that consent agreements were recorded within care plans.

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. Staff we spoke with had an understanding of the MCA and DoLS and had completed training on the subjects. One staff member told us, "DoLS would keep someone safe inside the building if they wanted to go out, but couldn't look after themselves. People here go out and we have to supervise them, but they all have capacity to make their own decisions". We saw that nobody was subject to a DoLS application.

People told us that they enjoyed the food and one person said, "I enjoy a cooked meal at teatime and I prepare my own lunch". A second person told us, "The food is alright, I like the cooked meals". The cook shared, "We cook no processed foods, it is all healthy and cooked from scratch with good ingredients". Staff were also able to tell us about where people had allergies or required specific diets. We saw the lunch time meal being served and noted that it was a healthy option. If the meal was not to a person's taste then an alternative of various sandwiches were available. We saw that some people chose to cook their own meal in their kitchenette and others preferred to eat in the dining room. Staff ate their own meal alongside people in the dining room and we saw that they engaged in discussions together.

One person told us, "I can have a drink whenever I want one". We saw that people had the opportunity to make a drink for themselves in addition to the facilities in their own rooms, by the use of a drinks machine located near the main foyer area. We saw within a care plan that a person's fluids needed to be monitored and both the staff and the person were able to confirm that this was done.

People told us that their on-going health needs were supported and one person said, "If I was poorly I would see the doctor". We saw that one person had a medical test to be carried out at the local hospital and that staff accompanied them there. This was much to the pleasure of the person, who told us that they felt very supported. We saw that people attended dentist and optician's appointments and that hospital letters and reports were filed within people's records for reference. Where people had a specific medical concern, such as a urinary problem, this was recorded in a specific plan and monitored, with professionals involved notified if required, so that the person's needs could be met.

Good

Is the service caring?

Our findings

People told us that they liked the staff, with one person saying, "The staff are kind and caring and they understand my needs". A second person said, "I have seen a lot of staff come and go during my years here, but they have all been caring". A staff member told us, "I think that the staff here care a lot. The tenants [people who used the service] are all different and so we support them individually and remember they all have different needs". We saw staff engaging in positive relationships with people and engaging in conversations with them and asking their opinions on issues.

People told us that they were able to make their own choices and decisions and one person told us, "I make my own decisions, they [staff] ask me, not tell me". A second person said, "If I need help having a shower then they [staff] will ask me what I want them to do". People told us that they made their own choices when it came to how they dressed. We saw people using clothes as an extension of their identity. One person we saw had chosen to wear a shirt and a tie and staff told us that this was their usual choice, however other people preferred a more relaxed outfit of t-shirt and tracksuit.

People told us that staff cared about their privacy and dignity needs and one person told us, "When staff help me to get washed and dressed they keep me covered up, so that it is private". A staff member told us, "I think about privacy and dignity and I ask people's consent before doing any care. I keep the door shut and the curtains closed. I ask if they [person being cared for] are happy for me to help or do they prefer somebody else? We are flexible with gender of carers and we do swop if needed. We give choices as far as possible". We saw that where people required support such as changing of clothing, they were encouraged to go to their room where they could be assisted appropriately. We saw that there was a specific telephone area, where people could go to make telephone calls in private, without interruptions.

One person told us, "I like doing things for myself, they [staff] are coming with me to the shop to buy food for my tea". A staff member told us, "There are a mixture of abilities here, some people are more independent than others and people have good and bad days too. We are aware of that". As an independent living facility we found that people were encouraged constantly to be as independent as possible. Some people were very independent and lived in their own flat, whereas others depended on staff more for assistance. We saw that staff knew exactly what people were able to do and their limitations. Assessments were carried out on people's daily living skills to see where any help may be needed. People told us that they were helped with cleaning and how to deal with responsibilities like paying bills and budgeting and that this support was invaluable to them retaining their independence.

We saw that leaflets on local advocacy services were available for people. Staff told us that these were predominantly used if people had issues with their tenancy agreement or if they wanted to speak with a solicitor regarding finances. We saw records that showed that the registered manager had referred people to a local advocacy organisation, so that they could get the information and assistance that they required.

People and staff told us that friends and relatives were welcomed when they visited. One person said, "I go to see my family more than them coming here, but if they do come they are welcomed". A staff member told

us, "We liaise with family and keep them informed. We have a good relationship with those we see".

Good

Is the service responsive?

Our findings

People told us they had been involved in their care plan, with one person saying, "I was a part of my care plan, I discussed it with staff". We saw that there was a weekly planner recorded in care files and this had been compiled by the person and their key worker. This gave the week some structure and guided staff to be aware of what people wanted to do with their time.

We found that people's plans showed that their preferences had been considered and this included; maintaining health, food, activities they enjoyed, independence outside of the building and culture and religion. The registered manager told us, "We ask people about their religious preferences, [person's name] goes to church and we have strong links with the local clergy. Staff also spoke to us of how people could request a preferred gender of staff supporting them and people confirmed that they could make this choice.

The registered manager told us that staff took a holistic approach to care and this included exercise, keeping fit and healthy and promoting social interaction. We saw that a large area had been set aside for social activities and contained a kitchen, which was available for people who want to learn to cook. There was also a glitter ball which people had requested to be suspended from the ceiling to use when they had a disco evening.

People actively went out during the day, however they told us about the activities that they enjoyed during the evenings. One person said, "I like to cook with the staff and going to the pub for a coffee". A second person told us, "We have relaxation sessions, quizzes, cards or bingo. I also watch television or go for a walk". A third person told us, "We went on holiday, lots of us went from here, I think nine of us went it was great". A staff member told us, "Staff get activities arranged and people can choose whether they join in". We saw that care plans assessed social networks and people's preferred leisure activities and included an aim and goal. One person's aim was to attend a day centre and this had been achieved with the assistance of the staff.

Not everyone we spoke with was able to recall being given a complaints policy, but one person told us, "If I have complaints I take them to the manager to get it sorted". A second person said, "I have complained about small things twice and they have both been sorted out quickly and easily". We saw the complaints log and found that complaints received had been investigated appropriately with the complainant receiving a written reply. Staff told us that complaints received had been discussed in supervision and that learning was taken from the situation.

People told us that they had been asked for their feedback. One person told us, "They ask what we think of the staff and what it's like here". A second person shared, "I said that I wanted holidays and I got them". We saw that the results of feedback were analysed and given to people in the form of an easy to read booklet, which people confirmed they had received.

Good

Is the service well-led?

Our findings

People told us they were happy with the service they received. One person said, "I love it here". A second person told us, "I wouldn't change anything about being here". We saw that people were very relaxed around staff and that they knew the registered manager well. One person shared, "I know the manager very well and like her". We saw the person in the company of the registered manager and witnessed their facial expression, which indicated that they were very happy to see the registered manager. Staff told us that they enjoyed working for the provider. One staff member said, "I have worked here for years and would never leave". A second member of staff told us, "We are a great team and we all help each other out, I love working here".

Staff we spoke with told us that they understood the role of the registered manager and who they could go to within the senior management team, should they require assistance. One staff member told us, "They [senior managers] are very supportive and we can go to them with anything". We saw records that showed that team meetings occurred two to three times a year. Staff confirmed this and told us that if there were any changes within the service then additional meetings were added. The registered manager told us, "Changes are implemented as a gradual process for everybody, so that there are no big surprises".

We were told that weekly meetings for people who used the service took place and one person told us, "We have these meetings weekly and I look forward to them. We discuss day trips and activities". We found that minutes from the meetings included discussing activities, any changes that may affect people such as fees, and how people generally felt about their home and the staff. We saw that staff attended the meetings and the staff we spoke with told us that they always made sure that issues raised in meetings were fully explained to people. We saw that where a person was unable to attend the residents meeting on the day of our inspection, a staff member reassured them that they would visit their room following the meeting to give them an update, so they didn't have to wait for the minutes to get information.

Staff members told us that they understood the whistle blowing policy. They shared that if they had concerns about a person's wellbeing, but were unable to speak with managers within the organisation about the issue satisfactorily, then they would approach the appropriate organisations outside of the service to investigate.

We saw some evidence of how the quality assurance of the service was monitored, but records were not comprehensive. The registered manager was able to discuss with us audits that took place, but a large number of these were not recorded and so areas needing attention or improvements were not identified through the quality assurance process. For example we did not see any audits of care plans, incident reports or risk assessments and this meant that no analysis or learning could be undertaken and that the effectiveness of the quality assurance of the service was inconsistent. The registered manager told us that they would ensure that written audits would be carried out in future and they would be used as a learning opportunity.

The registered manager shared with us that the provider was supportive and took an interest in the service.

Staff reinforced this and told us that they were aware of the provider's visits to the service.

We saw that notifications were sent to us as expected, to enable us to see how incidents had been responded to by staff.