

Housing 21

Housing 21 – Webb Ellis Court

Inspection report

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Tel: 03701924000

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Housing 21 – Webb Ellis Court provides care and support to adults living in specialist 'extra care' housing living with dementia, mental health, physical disability and sensory impairments. At the time of our inspection visit there were 29 people receiving care. The service consists of 61 two-bedroom flats, spread over two floors of a large building with some communal services.

People's experience of using this service:

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. The registered manager was in the process of implementing a system to allow them to monitor and review accidents and incidents. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. They were supported with their medicines and to obtain advice from healthcare professionals when required.

Staff had training to meet people's needs and the registered manager shared guidance with staff on how to support people effectively.

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 treated with dignity and their independence was promoted wherever possible. They were encouraged to take part in activities which interested them and make new friends, which helped build a community spirit within the service.

People were involved in planning their care with support from staff. People and their families understood how to complain if they wanted to. The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required. There were checks in place to ensure good standards of care were maintained.

Rating at last inspection:

The last inspection was a comprehensive inspection. The service was rated Good in all areas (report published 11 January 2017).

Why we inspected:

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Housing 21 – Webb Ellis 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: There was one inspector in the inspection team.

Service and service type: Housing 21 – Webb Ellis Court 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. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. We also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service one working days' notice, to ensure the manager and staff were available to talk with us when we visited.

Inspection site visit activity started and ended on 1 July 2019. We visited the service to see the manager and staff, to gain peoples' views of the care they received and to review care records and policies and procedures.

What we did before the inspection: We looked at the information we held about the service and used this to help us plan our inspection. We checked records held by Companies House. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection: We spoke with the registered manager, two assistant care managers and two members of care staff. We spoke with four people who used the service and five relatives, to ask about their experience of the care provided. We also spoke with two health care professionals about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors.

We reviewed a range of records. This included staff recruitment files, four people's care records and medicine records. We also looked at records relating to the management of the service. These included systems for managing any complaints and compliments received and checks on the quality of care provided.

After the inspection: We received written feedback from one health care professional about their experience of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still good.

Good: People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There was no system in place to review incidents. It was difficult to see what learning had taken place following any events and what measures were in place to minimise any future risks. The registered manager was in the process of implementing a system to allow them to monitor and review future events.
- Information in care plans guided staff on how to support people safely and staff understood how to reduce the risks to people's safety when supporting them. Plans included personal emergency evacuation plans, to ensure people would be supported in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person explained they felt safe because they had a life line pendant which they could press if they had a concern and care staff would help them. A relative explained how staff were aware of the risks involved in the care of their family member and put strategies in place to keep them safe. Staff understood people's individual circumstances and how to keep them safe from harm.
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their obligation to report their concerns to the relevant authorities and had sent us statutory notifications to inform us of any events that placed people at risk.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed.
- An assistant care manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.

Learning lessons when things go wrong

- The registered manager explained they were currently working to improve recording of care call times, following feedback from the local authority. They told us all staff were to receive additional training in report writing, to ensure call times were recorded more accurately in future.

Preventing and controlling infection

- People told us care staff wore personal protective equipment when personal care was given. Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still good.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in their care plans. Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment and work with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. Staff received training tailored to meet people's individual needs, such as dementia awareness. The registered manager was in the process of securing some specific training for staff, such as end of life care.
- Staff told us they received supervision and feedback on their performance from their manager. One member of care staff explained they were complimented during a staff meeting and this made them feel motivated because they enjoyed hearing people were happy with the support they received.

Supporting people to eat and drink enough with choice in a balanced diet

- Some people received food and drinks prepared by care staff. Staff prepared meals in line with people's choices and made sure people had fluids in between care calls.
- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being.

Staff working with other agencies to provide consistent, effective, timely care

- People had been referred to other healthcare professionals to promote their wellbeing, such as the GP and occupational therapist for further advice.

Supporting people to live healthier lives, access healthcare services and support

- Health care professionals we spoke with told us they had positive relationships with staff. They explained staff were good at seeking advice in a timely way, to support people's well-being.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes located in a purpose-built building. The building was two

storeys high and the first floor was accessible by stairs or lift. Hallways and doorways were wide enough to accommodate specialist equipment. There were communal lounges, dining room, laundry room, hairdressers' room and a beauty treatment room. There was a commercial kitchen currently operated by an external company as a restaurant, selling meals every day. There was a large, well maintained, communal garden, where people could spend time if they wished. This was accessible to everyone because it was level access.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA

- Staff were working within the principles of the MCA. People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions.
- Best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- Staff obtained people's consent and supported people to make decisions in their best interest. One member of staff explained how they obtained consent by talking with people in a way that suited them, so they could understand the support they were receiving. They told us they were patient with people which improved their wellbeing.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still good.

Good: 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 and their relatives told us they felt staff cared about them. A relative told us, "All the care staff know (Name) and they're so nice to everyone." They told us their family member had fitted in well and they felt secure and well cared for. Health professionals were positive about the standard of care and one commented, 'I have always found that staff have supported my clients in a person-centred way.'
- The management team explained how they had worked hard to create a safe environment where people could thrive. They registered manager gave an example of one person who had been withdrawn when they first moved to the service, however staff had encouraged them to make friends and this had improved their wellbeing. We spoke with this person who told us, "Staff treat me like I'm their mum....They are very respectful and that makes a difference." They explained they had many friends and looked forward to taking part in events within the service.
- Staff shared the management's caring ethos and told us, "I treat people like I would want to be treated myself" and "I feel like I am making a difference to people. Leaving them with a smile." Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves. One person explained how staff enabled them to maintain their religious beliefs.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- There was a keyworker programme in place. People told us key workers knew them well and worked with them on an individual basis. A relative praised how their family member's key worker helped improve their wellbeing. They said they had a, "Good rapport."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person explained how staff maintained their dignity when they supported them to dress. A member of care staff told us, "I cover people over when I support them to wash."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still good.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were positive about how responsive care staff were to their needs. One person said, "I would recommend living here, it has helped me to stay independent." One relative explained the service was "Brilliant," because it enabled their family member to remain living at home, despite having complex health issues. They said, "The residents here are settled and happy and they have a smile."
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support. Care plans contained personalised information and gave direction to staff that was specific to each individual.
- People's preferences were recorded in their care plans and staff had good knowledge of these. People told us staff knew them well.
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented and told us these were carried out regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported some people with their social needs and encouraged them to join in different activities, some of which were organised by people who used the service. These included a visiting choir group, a gardening club, film evenings and visiting church services. One person told us, "We have built up friendships as part of the clubs, there's a real community spirit and a good way of bringing people together."

Improving care quality in response to complaints or concerns

- We viewed records of complaints made about the service. Five complaints had been made in the last 12 months. Some records were not detailed, so it was not clear how these issues had been investigated or if they had been resolved to the complainant's satisfaction. However, the registered manager explained what actions they had taken as part of their investigations and told us in future they would record issues in more detail.
- The provider's complaints procedure was accessible to people in a communal area.

- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- People were supported at the end of their lives. The registered manager explained care staff worked alongside other organisations, such as community nurses, to provide responsive end of life care. A health professional spoke positively about how staff cared for people at the end of their lives and sought advice when required.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still good.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were positive about the leadership of the service. One relative explained the management team acted if there were any issues. One person told us they always recommended the service to other people and said staff were, "Very professional and very accommodating."
- Staff told us they felt supported by each other and by the management team. They told us, "The leadership is good...The managers are always available" and "I am impressed with the way the service is run, the management do their best. It's a happy place to work." The registered manager explained they valued staff and always passed on feedback to improve the service. There was a recognition system in place to acknowledge staff's positive contribution to the service.
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff. Lead roles had been recently introduced to support staff in key areas such as dementia and medicines. The registered manager explained staff would be allocated time to research their chosen area, in order to develop their understanding and then share their learning with other staff.
- Information about key events were shared with the provider for review, to check the appropriate actions had been taken to keep people safe.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- A health care professional told us the registered manager always made time to discuss any concerns and share important information, to ensure people's care was improved.
- The registered manager understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely. The provider information return sent to us by the registered manager, reflected our findings of the service during our inspection visit.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. The latest survey was still being collated, however people's comments showed they were very happy with the care they received. A weekly newsletter gave updates on events within the service. One person explained how helpful they found this, as it contained the minutes of resident's meetings so they could catch up if they had missed the meeting. The registered manager told us people who used the service had organised a social event to, "Celebrate staff." Staff told us people shared their positive feedback about support they received and this made them feel valued.
- The registered manager had recently consulted people about what was important to them, to create some 'Local values' with people who used the service. These included safety, reliability and kindness. The values were displayed and people referred to them as being important.
- Staff were encouraged to share their experiences of the service and make suggestions for improvements at regular staff meetings with the registered manager. Staff also completed a survey to share their experiences of the service. They shared positive feedback from the survey with people who used the service, about why they enjoyed their role. One member of staff explained care staff could attend a national forum and share their opinions and experiences with senior managers who would provide a response to any issues.

Continuous learning and improving care

- Checks were carried out by senior staff on a range of issues, including medicine records and care plans. The provider made additional checks of the quality of the service, which strengthened the quality assurance process. Records showed actions were taken to make improvements to the service, following the checks.
- Managers of the providers other services met regularly to share information about learning which had taken place and different ways of working. The registered manager told us they valued discussion with their peers and had introduced new ways of working as a result which has improved standards of care. They were committed to making improvements to the service and explained how they shared best practice with staff to develop their skills.

Working in partnership with others

- Staff worked collaboratively with other agencies to improve people's experience of care. These included local authority social work teams and health and social care professionals.