Housing & Care 21

Housing & Care 21 - Winehala Court

Inspection report

50a Sandbeds Road
Walsall
West Midlands
WV12 4GA

Tel: 03701924330
Website: www.housing21.co.uk

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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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 4 and 5 July 2017 and was announced. At the last inspection completed in July 2016 we found the provider was meeting all of the legal requirements we looked at. However, we found some improvements were required under the key questions of 'safe' and 'effective'. At this inspection we found that the provider had not only made the necessary improvements in these areas but had made vast improvements to the service over all.

Housing and Care 21-Winehala Court is an extra care service that contains 60 self contained flats. The service is registered with the Care Quality Commission to provide personal care to people living in these flats. At the time of the inspection there were 30 people using the service who required support with their personal care needs. People who required this care had a range of support needs, including older people living with dementia, people with disabilities and people with medical conditions such as Parkinson's Disease.

A registered manager was 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 supported by a care staff team who went over and above the call of duty to ensure they felt valued and important. Care staff were kind and caring towards people and demonstrated a high level of passion and commitment in their roles. People were enabled to be as independent as possible in all areas of their lives, including in ways they had not necessarily considered possible before moving to the service. People's privacy and dignity were respected and promoted. People were enabled to maintain relationships that were important to them. People were supported to remain at home where possible at the end of their lives and were cared for in a kind and dignified way.

People felt the management of the service was excellent. They felt their voices were heard and that they were actively involved, consulted and contributed to the development of the service. It was evident that the provider was committed to working in partnership with people to ensure they felt consulted, empowered. People were supported by a care staff team who felt supported and motivated in their roles.

People were supported by a management team who were open, transparent and committed to a culture of continuous learning and improvement. The provider and management team had effective systems in place to ensure the quality of service provided to people was good and was continually improved.

People were supported by a staff team who knew how to protect them from potential abuse. Staff understood the risks to people they supported and how to keep them safe in an enabling way without limiting their opportunities for enjoyment and quality of life. People were supported by sufficient numbers of care staff who had been recruited safely for their roles. People received their medicines safely and as prescribed.

People were supported by care staff who had the skills they needed to care for them effectively. Care staff were led by a management team who were also well supported and had access to training and development opportunities. This originated from the provider's dedication to endorse a culture of excellence through consultation with other leading organisations, research and reflective practice; this enabled them to continuously improve and develop. The provider had systems in place to enable them to monitor the safety and effectiveness of the service, proactively identify further areas and opportunities for development as well as sustain the improvements made. People were enabled to consent to the care and support they received. People's rights were upheld by the effective use of the Mental Capacity Act 2005.

People were involved in making decisions about the care they received. Staff understood and recognised the diversity of people's social and cultural needs and ensured that this was reflected in the care they provided, and the opportunities that were available to people. Care provided met people's needs and preferences and was regularly reviewed. People were enabled to participate in social activities with the support of care staff.

People felt able to raise complaints and concerns where needed. Where complaints had been received these were responded to appropriately.

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 supported by a staff team who knew how to protect them from potential abuse and harm. People received their medicines safely and as prescribed.

People were supported by sufficient numbers of care staff who had been recruited safely for their roles.

Is the service effective?

Good

The service was effective.

People were supported by a staff and management team who had the skills and knowledge they needed to care for people effectively.

People were enabled to consent to the care and support they received where possible. People's rights were upheld by the effective use of the Mental Capacity Act 2005.

Is the service caring?

Outstanding

The service was very caring.

People were supported by a care staff team who went over and above the call of duty to ensure people felt valued and important. Staff were highly passionate about their roles and enhancing the quality of life of the people they supported.

People were proactively enabled by the staff team to be independent and to maintain social networks and relationships that were important to them.

People's privacy and dignity were respected and promoted. People were supported to remain at home where possible at the end of their lives and were cared for in a kind and dignified way.

Is the service responsive?

Good

The service was responsive.

People were involved in making decisions about the care they received. Care provided met people's needs and preferences and was regularly reviewed. People were enabled to participate in social activities by care staff.

People felt able to raise complaints and concerns where needed. Where complaints had been received these were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People felt their voices were heard and that they were involved in the development of the service. People were supported by a care staff team who felt supported and motivated in their roles.

People were supported by a management team who were open, transparent and committed to a culture of continuous learning and improvement.

The provider and management team had effective systems in place to ensure the quality of service provided to people was good and was continually improved.

Housing & Care 21 - Winehala 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 04 and 05 July 2017 and was announced. We gave the provider 48 hours' notice of the inspection. This is because the service provides personal care to people living in their own homes; we needed to be sure the registered manager and staff would be available to meet with us. 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 looked at information contained in the provider's Provider Information Return (PIR). A PIR is a document the provider completes in advance of an inspection to share information about the service. They can advise us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us to plan our inspection. We sent out feedback surveys to people who were using the survey in advance of the inspection. We received two responses and used this information as part of the inspection.

During the inspection we spoke with five people who used the service and nine relatives. We spoke with the registered manager, a team leader, the operations manager and four members of staff including care staff and the kitchen team. We also spoke with a representative from the local pharmacy used by the service who was visiting to check on people's medicines. We carried out observations where possible within the service regarding the quality of care people received. We reviewed records relating to three people's care including

their medicines and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe living at home in the extra care complex with support from the service. One person told us, "I can honestly say that I feel safe here and supported by lovely carers who really care about me as a person". Both people who responded to our feedback survey said they felt safe from abuse and harm from their care and support workers. Staff we spoke with were able to describe signs of potential abuse and how they would report concerns about people. Staff knew how to whistleblow if required. Whistleblowing is where staff may raise concerns outside of the organisation to the police, the local authority or CQC. We saw that where concerns about people had been identified, the provider had reported these to the local safeguarding authority as required by law and had also taken action to minimise any future risks to the person and others . The provider's information return (PIR) stated that lessons learned from safeguarding concerns and incidents were discussed during staff team meetings. We saw this reflected in the minutes of team meetings that we reviewed. The registered manager used this as an opportunity to improve staff learning to reduce the risk to other people living at the service. People were effectively protected from the risk of potential abuse and mistreatment.

People told us how care staff protected them from the risk of harm due to ill health, accident and injury. One person told us, "In the past I have fell over in the shower, but since I've moved in here, I have a carer who comes to support me while I have my shower…I really value the support I get and I have felt so much safer since being here". Another person told us, "I have had a couple of falls, but I just needed to press my pendant and a carer was with me within a couple of minutes. [Care staff] sent for the paramedic, who checked me over thoroughly". Relatives supported these views. One relative said, "The mere fact that care staff are on site 24 hours a day and only a press of a button away is the comfort for me that mum is in a safe environment. I could honestly say that I sleep soundly at night now, because I know that I haven't got to worry that mum is laying on the floor or struggling to get help. They are a real comfort blanket for the entire family." Care staff we spoke with understood the risks to each person they supported and how to protect them from harm due to these risks. For example, one person was at high risk of choking while eating and drinking. Care staff we spoke with knew how to keep this person safe whilst supporting them. We saw safety equipment was in place where required, as assessed and specified by people's individual care plans; for example alarm pendants and cushions used to prevent pressure sores. We saw observations of care practice were completed by managers to check that care staff were managing risks to people appropriately. For example completing repositioning to ensure people's skin was protected. Accidents and incidents were reported and recorded. Management reviewed accident records to enable plans to be put in place to protect people from the risk of further harm where necessary.

People told us there were sufficient numbers of care staff within the service. Both people who responded to our survey told us their care and support workers arrived on time and stayed for the agreed length of time. People and relatives we spoke with also told us care staff were on time and responsive if they called for help. One person told us, "Since I moved in here, I have been so much happier because I know I only have to press my buzzer and there is somebody who will be with me within a couple of minutes to help with whatever I need". Another person told us, "I always know that the carer will be on time, and if they are a little late it's only because they've got held up with one of my neighbours". A third person said, "[Care staff are] always on

time". A relative said, "Totally missed calls just can't happen here, that's why I never have to worry about what is happening to mum. Her calls are always on time as well". Staff we spoke with told us there were always sufficient numbers of staff to keep people safe. A staff member said, "We're never short…If there's an emergency we help each other out…If we need it, the managers will sort someone to come out [and cover]".

We looked at how the provider's recruitment practices promoted people's safety by checking that staff members were suitable to work with vulnerable people. We saw a range of pre-employment checks were completed prior to staff members starting work. This included identity checks, references and Disclosure and Barring Service (DBS) checks. DBS checks enable an employer to review a potential staff member's criminal history to ensure they are suitable for employment. Staff member's were recruited safely for their roles.

People told us they received their medicines safely and as prescribed. One person told us, "The carers pass me my tablets every morning. They give me a glass of water and when I've taken them, they write it in the book. I never worry about them [medicines] being late, because they [staff] are always here on time". A relative told us, "Medicines are really good". Another relative said, "It's important that [my relative] has her tablets at regular intervals and being where she is, means that she never has to worry about them being late. They [staff] give her a drink and always write it up in the records afterwards." A person told us how they administered their own medicines but care staff enabled them to do this. They told us that care staff provided reminders and checked the medicines had been taken correctly. They also told us that care staff provided assistance if they had any issues with ordering their repeat prescriptions. Staff we spoke with were able to describe how they administered medicines safely. They told us, "The MAR [medicines administration record] is our bible". Staff told us the managers regularly checked to ensure they were safely giving people their medicines. They told us staff were addressed if they had not correctly completed medicines records. A staff member told us, "They [management] are on the ball with the medication". Records we reviewed showed that guidelines were in place to inform to staff on how and when to administer people's medicines. Where concerns and errors were identified these were addressed appropriately and steps were taken to minimise the risk of any further errors arising. The registered manager had a system in place with a local pharmacy who visited the service regularly to deliver medicines and to review the stock levels of people's medicines. A representative from the pharmacy told us the management and staff team were proactive in supporting people effectively with their medicines. They told us, "[Staff] are really good" and gave an example of how they had contacted the pharmacy that day to remove a medicine that was no longer required from someone's medicines administration record as identified by their doctor.

Good

Is the service effective?

Our findings

Both of the people who responded to our survey told us the care staff who cared for them had the skills and knowledge required to support them effectively. People we spoke with during our inspection also confirmed this. One person told us, "[Care staff] look after me really well…They've always been able to do everything I've needed". Another person told us, "Staff help me with a shower as my knee can give way…They're very good with the shower chair". A third person told us, "I can't grumble at them [care staff] at all". Relatives also supported this view. One relative told us, "In terms of mum's care, I haven't got any concerns about their [care staff's] training. They are very good at picking up signs of things like UTIs [infections] early, before it gets too serious, so that it can be treated here at home rather than needing a hospital stay". Care staff told us they had access to training and support that enabled them to be effective in their roles. One staff member told us, "[Training's] coming out of my ears…We're always training!". Another staff member said, "It's good training. As soon as it's due for renewal they [managers] book this in". We saw from records and were told by the staff and management team that training was managed through an online training system. Staff were able to access a range of e-learning and face to face training which was renewed and updated regularly. The provider's information return (PIR) stated they were working to provide staff with specialist training in areas such as peg feeding [feeding through a tube in the stomach] and blood sugar monitoring. Staff told us and we saw through team meeting minutes this training had been offered to the care staff team and was due to take place. One staff member said, "I've put my name down to do peg feeds". Staff told us their competency in the role of a care worker was regularly assessed by managers through observations and spot checks and areas of improvement were identified.

We saw the provider also ensured the registered manager and management team had the skills required to effectively lead the staff team. The registered manager was trained as a trainer in several aspects of care provision in addition to working alongside care staff. The operations manager told us this enabled the registered manager to support staff with, "Real life, rather than just theory". This was reflected in comments received from staff around the registered manager being very 'hands on' and involved in care provision. The registered manager had also completed a new 'Leading to Excellence' training programme led by the provider which was now being completed by other members of the management team. The aim of this programme was to strengthen the skills of the management team and to raise standards of care provided to people. We saw the programme had been used to make improvements within the service in areas such as medicines administration. The operations manager confirmed the training and development provided to the staff and management team had been endorsed through external accreditation systems. This included obtaining silver Investors in People accreditation and also being on the endorsement framework with Skills for Care for demonstrating high quality learning and development. This demonstrated the quality of the learning development provided to staff which in turn resulted in good standards of care for people living at the service.

People who were able to told us that care staff always sought their consent before providing them with care and support. One person told us, "They [care staff] always do [ask for consent]". People also told us they were never made to do anything they did not wish to do. A person told us, "Sometimes when they [care staff] come to help me with my shower, I don't feel like having one. They never force me and will just ask whether

they can come back later or whether I just want a hand with a strip wash instead". A relative told us, "Whenever I've been there with [my relative], I've heard them [care staff] ask her if she's ready to do whatever it is they're there for. If she's said no, they'll usually do some other jobs first until she is ready."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA

Staff we spoke with had an understanding of the MCA. They told us where people lacked capacity to make decisions or provide consent to the care being provided to them, then decisions needed to be made in their best interests. Staff understood they were currently making best interests decisions for people in a variety of aspects of their care including personal care, skin integrity, medicines and the food and drinks people received. Staff told us how they took steps to enable choice and decision making wherever possible. They also told us how they would use knowledge about the person's past history and preferences in addition to consulting relatives and relevant health and social care professionals in order to make appropriate decisions. Staff also understood that if there was a sudden change in a person's capacity to make decisions, they should look for potential underlying reasons for this, for example, a potential infection that may require treatment. This practice was confirmed to us by speaking with staff, reviewing people's care records and from speaking with relatives. One relative told us that care staff respected people as individuals and while they sought support from relatives to make some decisions on behalf of people; they always enabled the person to make decisions where at all possible. A relative gave us a positive example of where there had been a concern about a person taking too many medicines. The MCA was followed and care staff now support the person with their medicines in order to keep them safe and to protect their health. Where relatives or representatives had the legal right to consent for people; for example through power of attorney or being appointed deputy, we saw copies of these documents were held by the provider and these representatives were consulted where appropriate.

People told us they were happy with the support they received with their food and drink. One person told us, "They [care staff] make me a sandwich and a coffee". A relative said, "They [care staff] make [my family member] his breakfast and then bring him a meal up from the restaurant, just like home cooked [food]. They also make him a sandwich or snack for his tea. They always ask him what he'd like before making something". Staff we spoke with understood people's individual dietary needs. Where individuals had complex needs in relation to the assistance they required with food and drink, staff understood the associated risks and how to support people safely. We found the kitchen staff also understood people's dietary needs and provided support where appropriate. We saw there was a communications board in the kitchen to keep the kitchen team up to date on people's individual dietary needs which enabled them to support both people and the care staff team.

People told us care staff helped them to maintain their day to day health and to access support from healthcare professionals when required. One person told us how they had hurt their feet and care staff were helping them with their shoes and to apply foot cream. Another person told us how care staff had supported them while they had a stomach bug. They told us staff had contacted the doctor on their behalf and had put in extra care visits to check they were ok while they recovered. Relatives also supported this view. One relative told us, "[My family member] is diabetic and they [staff] check her blood sugar levels, make and give her food and encourage her to drink. I don't know what I'd do without them". Some relatives told us while

they provided support to their own family members to contact healthcare professionals, care staff always recognised when people were unwell. One relative said, "[Care staff] will phone me and let me know when they think he's not his usual bubbly self". We saw from compliments records that one relative had commended staff for identifying their family member was unwell during the night at Christmas and sought immediate help from their doctor. The relative stated, "I cannot commend the H21 resident's care enough". Another relative told us how care staff had identified a change in their family member's physical health during personal care. This had enabled prompt medical advice to be sought and a serious health condition to be diagnosed promptly and treated. The provider's PIR stated they worked closely with a variety of healthcare professionals. We found this reflected in the practice described to us by care staff and recorded within people's care records. We also saw multiple compliments had been received from healthcare professionals around the support staff provided to people in order to maintain and protect their health.

Outstanding ☆

Is the service caring?

Our findings

People could not emphasise enough to us, just how kind and caring the staff were towards them. One person told us, "They're [care staff] always kind to me. We're kind to each other. We have a chat and have a laugh…The best thing about them is the warmth and friendship". Staff understood this person could experience low moods and how important social contact was to their well-being. Another person told us, "Although the carers are always busy, they always make time for me, just popping in to make me a hot drink or to bring me a newspaper to look at. If I'm sitting in the resident's lounge they'll often pop in for a chat as well". A relative told us, "I really feel that they couldn't look after my Mum any better if it were their own mother. When they are with her, they concentrate solely on her and her needs, no one else". Another relative said, "It's so reassuring to know Mom is in caring hands. The carers work so hard and need to have praise for what they do". A compliment received from a relative shared some comments made by a person's visiting friends. It said, "[My Mom's friends were] impressed with the way your staff supported the residents and nothing was too much trouble. My Mom told them that the staff who visit her are lovely".

People told us how care staff went 'over and above the call of duty' and this view was supported by their relatives. For example, we were told multiple stories and saw many comment cards about how care staff had recognised the importance of people's pets. We were told how staff and management had taken steps to support people in ensuring their pets were looked after and healthy despite this not being part of their care packages. People expressed their gratitude for this support and one relative told us how care staff had put in additional care visits when their family member had lost a pet to ensure they were okay; recognising and validating the significance of their loss. We were told and saw from feedback surveys about other numerous examples of times when people felt care staff had gone 'above and beyond'. Examples given included; 'By making me a birthday cake', 'Staff went and fetched me a mobile phone from Argos' and 'Staff are always very helpful and kind. Anything they think they can do to help me they do it. I also know I can rely on them if need be'. The operations manager told us the management and staff team had been recognised internally for the excellent care and support provided to people. They told us, "It's the extra things they do over and above". This supported the passion we saw within the staff team to ensure people were well cared for and had a good quality of life. People told us that the actions of staff resulted in them feeling very safe and happy in their own homes.

People and their relatives also told us how care staff recognised when people were feeling down and may need additional emotional support. They told us care staff recognised if they weren't themselves and would take time to talk to them and provide support. People's relatives told us care staff encouraged people to maintain social contact which had also been important to their well-being. Staff we spoke with understood the importance of ensuring people felt valued and important. Staff showed genuine warmth towards the people they supported. We saw the faces of staff members light up and they became animated as they described people. One staff member said, "You can't put time on care…I love my job…They're [people] all valued here". A staff member said, "The big one is 'person centred care'. It's about the individual as everyone is different. Speaking to people. Good communication. That 'holistic' thing – making them the centre of everything". We found the culture was instilled and promoted by the management team. We saw that checks were completed to ensure care staff were supporting people in a kind and patient way. One spot

check stated, '[Care staff name was] very patient and understanding and empathetic with [person's name]."

We found care staff and management recognised the emotional support that people may need when managing health concerns. In the 'above and beyond' survey one person said that care staff ensured they were supported to go to the toilet when it was dark as they got scared in the night. A person mentioned that care staff had completed additional checks when they had had concerns about their blood sugar. They stated the support given by care staff had ensured, '[I] did not feel alone. [I] always know there are people who care'. Relatives told us about examples of where care staff had ensured people were not afraid or frightened. One relative told us that following an accident, "The carer had stayed with [my family member] until I arrived and had supported him really well, making him comfortable and making sure he wasn't getting overly worried…I have to say I was very impressed with the care they gave to him."

People told us about multiple examples of how care staff protected their dignity and treated them respectfully. Both of the people who responded to our survey said care staff always treated them with dignity and respect. We saw that one person had thanked staff for the support they received in attending remembrance day ceremonies. Staff we spoke with recognised the importance of this for this person. They told us that the person who normally mobilised by wheelchair, had expressed a wish not to remain seated in their wheelchair and therefore staff supported them to safely use their walking frame once at the ceremony in order for them to be able to stand next to the other attending ex-servicemen. Staff understood how important this was to the individual and provided the support required to promote the dignity of the person.

People told us about other ways in which their privacy and dignity was protected. One person said, "Each carer will always knock on my door and wait for me to say come in before they enter". Another person said, "I've never once had a carer tell me anything about my fellow residents, nor have I heard anyone talking about me either". A relative told us, "I've never come in and found Dad wearing any soiled or dirty clothes and usually when I come into organise his washing, it's all done for me by the carers!". Observations and spot checks completed by the managers ensured that people were cared for in a dignified way. We saw examples of good practice were recognised during spot checks, including closing curtains while personal care was completed and leaving someone in their bathroom alone to wash areas they were able to without care staff being present.

Both of the people who responded to our survey said the care and support they received helped them to be as independent as they could be. People told us how care staff encouraged them to do as much as they could for themselves. One person gave us an example of how care staff were supporting them to build their confidence using a walking frame. They told us this was enabling them to use their wheelchair less and mobilise more independently. Care staff we spoke with were able to describe how they encouraged the person to do a little bit more every day and how they "Never leave her unattended" while she is using her frame. Another person told us, "I have a carer who comes to support me while I have my shower. Sometimes I don't need any help from her whatsoever other than knowing that she's there if I do feel wobbly. Other days when I'm struggling to reach the back of my legs, she will step in and help me." Relatives told us how care staff take into account people's own abilities and are always willing to spend extra time to enable people to complete tasks themselves without taking over. One relative told us, "[Care staff] have been excellent with [my family member], supporting her to do as much for herself as she can do and only stepping in when she has struggled". Another relative said, "It is all really focused on him, supportive when it's needed but also hands off when they know he is still capable of doing certain things like walking down to the restaurant. They are all about encouraging levels of independence where it is still possible, even if that takes them longer than doing it for him themselves". We saw care plans recognised even small tasks that people were able to complete themselves; for example, 'I am able to place plug into the sink and run the water myself'.

We also saw that where appropriate people's care packages were reduced and when people were able to complete tasks independently, care staff would begin to step back and reduce the support time. For example; one person wanted to eat in the restaurant and had support calls in place to assist them with doing this until they had the confidence to attend alone. At this point care staff were able to stop providing support in this area and the person was able to be independent.

People told us they were enabled to make choices about the care they received. They told us care staff placed an importance on listening to their preferences and providing support in the way they wanted. One person told us, "My carers know I like a nice warm shower, so they run the water while I'm getting ready and they always warm my towel as well so I don't get cold afterwards". Care staff gave us examples of how they ensured people were given choices. One staff member said, "We always go by the care plan but we ask them…I'd hate someone to say to me I can't do this or can't do that". Staff told us that where people were not able to make choices they would speak to the person about what it was they were doing to ensure the person was as fully involved as possible. They told us they would also consult with relatives or advocates where appropriate.

People told us they were supported to maintain relationships with people who were important to them. They told us they were enabled to have relatives and representatives involved in their care and to provide support where they wanted this. One person said, "I like my daughter to be involved in my care as she comes to see me most days. She always meets with me and the manager from here if we are going to discuss anything about my care and I know they always ring her up if I'm not feeling well or they're worried about me at all". Another person told us, "My son lives quite a way away, and only gets to visit me probably once or twice a month, however I know the staff here keep him fully informed about me…I really like the fact that they let my son know because it helps him to stay involved with what's going on even though he is a long way away". A relative told us, "I don't think there's any aspect of my [family member's] care that I'm not involved with".

People told us the consistency of the care staff team and their ability to choose the gender of their care staff assisted them with feeling cared for and respected in all aspects of their care and support. The provider's information return (PIR) outlined how they included details of people's preferences around the gender of their care staff in care plans and this information was used to inform rostering systems. We saw this information reflected in people's care plans. We saw from the provider's action plans that there had been work completed in reducing long term staff absence to help improve the consistency of the care team. One person told us, "There are only a small number of carers on site here so it means that you always know who is going to come and importantly they know you and you know them because they have worked here for some time". A relative said, "Here, she only sees three or four different carers all of the time and to be honest she treats them like members of the family because she knows them so well now". A second relative said, "The residents only ever see a small number of carers who they know really well and in turn, mum knows them well and they are almost like members of the family."

People who were requiring care and support at the end of their life were supported to remain at home wherever possible. Care provided at the end of people's lives was dignified and caring. The provider's PIR stated they had been working with healthcare professionals to provide effective end of life care. They outlined how they planned to enhance staff training in this area to ensure they can meet people's needs at the end of their life which will enable them to spend their final days at home and not to be transferred to other services meaning they will pass away in unfamiliar surroundings. The registered manager had begun to source training although this was yet to be delivered to staff members. We saw multiple thank you comments from relatives about the support provided to their family members and to the wider family during end of life care. One relative commented how care staff had done 'everything in their power' to support a

person while waiting for an ambulance. A healthcare professional had emailed the service prior to the inspection and had commended them on the level of care provided to a person at the end of their life and the staff team's willingness to provide additional support so the person could return home. A second professional stated about the care of another person requiring palliative support, "I would just like to express my gratitude in respect of the care being delivered by your staff to [person's name] which is currently allowing her to be in her preferred place of care at Winehala Court…I would like to extend my thanks to you and your staff on continuing to provide care of a high standard for someone with needs such as [person's name's]."

Good

Is the service responsive?

Our findings

People told us they received care and support that met their needs and preferences. One person told us, "I said that I preferred a shower on a Wednesday and Sunday and that's when they come to help me". Relatives told us they felt care staff understood their family member's needs well. A relative said, "I have been extremely impressed by how well they all really understand my dad and what his needs are". Both people who responded to our survey told us they were involved in decision-making about their care and support needs. People also told us this during the inspection. A person said, "I certainly remember having a long chat with the manager about what it was I needed help with just as I was moving into here. I was asked about whether I preferred male or female carers, what times I would like and the sort of person who would fit in with me best." Another person said, "My care plan sits in my folder which is here in [my] lounge with me and where the carers always fill in the records every time they come to me. Of course I know what it is they are here to support me with. But what I like about the carers, is that they never mind doing the old extra job if I need their help". People told us their preferences and involvement resulted in them receiving the type of care they wanted and that met their needs. They also told us their preferences around care staff were respected and they were happy with the care staff who supported them.

The provider's information return (PIR) stated each person had a detailed care plan in place that was person centered on their own individual needs. We saw this reflected within the service and spoke with people about how accurately their care plans reflected their needs. The people we spoke with confirmed the information was accurate including details about their preferences around what they had for breakfast and how they liked their tea and coffee made. One person said, "[It's] spot on". A second person said, "If I had a prison record it wouldn't be as good as that [the care plan]". We saw people were encouraged to sign their own care plan where they had the capacity and physical ability to do so. Staff told us, "The care plans have really improved…It's good as everything is in there, all [people's] needs, preferences, everything". This demonstrated that people had a clear plan of care that met their needs and that staff understood and followed. The provider's PIR outlined how representatives such as relatives and other people in support networks were involved in care plans were appropriate. The people who responded to our survey told us the service involved the people they chose to be, in important decisions about their care. A relative said, "When Dad's care plan was written up, we both looked at it and once we were happy it went in his folder…we use his care plan as a basis of reviewing his care when I come in and meet with the manager and him." A healthcare professional said in a recent letter, 'The care plans you have in place are very detailed and clear and are some of the best care plans I have ever witnessed, this is a credit to you and your staff…The care that [person's name] is receiving is also currently exemplary and again both you [the team leader] and your staff should be credited in achieving that'.

People told us their care needs were regularly reviewed. One person said, "I had a review a few weeks ago". Another person said, "One of the [staff] came round recently and we looked at [the care plan] but nothing needed changing this time". A relative said, "[My relative] and I meet regularly with [the team leader] or one of the team to look at the care plan and make sure that it's an accurate reflection of [person's name's] needs". Care staff told us they could report any changes in people's needs to the management team at any time and people's care needs would then be reviewed. We saw from care records that people's needs were

regularly reviewed and care delivered was amended as required. We saw a handover and communications book was in place that contained information about people's changing needs. Care staff told us this combined with face to face handovers at the beginning and end of staff shifts helped to ensure effective communication around people's changing needs.

We found the registered manager and staff team worked effectively with other professionals to ensure that people's care needs were identified and met. We saw multiple compliments from healthcare professionals about the communication with the service and support provided to people. One professional identified how partnership working with the staff at the service had improved the standard of care being provided. They said care staff had identified concerns with people's continence needs being met effectively. offectively with the staff to resolve somenabled them to resolve some issues with people's continence needs not being met that had been identified by the care staff team. The professional stated; 'By conducting some joint visits to the service user[s] with [the staff team], we were able to gain a full picture of each person's continence issues'. They stated support by the service had ensured each person's needs were identified, met and correct continence products were put in place. They also stated they were kept aware of any changes in people's needs. We saw people's continence needs were met effectively within the service.

People told us they were grateful for the support provided by care staff to access activities and social events. The provider's PIR outlined that a range of activities that are operated for people to access including live singers, bingo and coffee mornings. This was supported by people using the service. One person told us, "I do like to go to the lounge when they have activities on, or someone is coming to sing or talk, so I ask one of the carers to wheel me down and then fetch me when I'm done". Another person told us care staff had supported them to attend bingo the night before. A relative told us, "The carers work really hard with [my family member]. They will go and talk to him about what activities are going on and who is coming in and on a few occasions, they have actually managed to persuade him to go down and take part in something. They will usually wheel him down and then stay with him for a few minutes making sure he's settled before they then bring him back at the end. Usually when I see him afterwards, he's really enjoyed it". People told us they were supported to develop and maintain social networks with friends, family members and other people living at the service. In addition to people telling us they were supported to access activities within the service we saw further work was being completed by staff. For example, one person had expressed in a feedback survey they were grateful to staff for assisting them to purchase a mobile phone to help them keep in contact with people who were important to them. We saw a new format of care plan was being introduced and within these plans people's social 'network' was identified to further enable care staff to provide support in this area. The registered manager was aware of the need to embrace people's religious and cultural needs. For example; we saw one person's care plan identified the person had expressed a desire to attend church and we saw through resident's meetings that other people were keen to see a priest. As a result the registered manager had arranged for a minister to begin visiting the service and conducting religious services at regular intervals.

People told us they were able to raise complaints and concerns with the care staff and management team. Many people told us they had not had a need to raise a complaint. Both people who responded to our survey told us they knew how to make a complaint and felt any concerns or complaints were responded to well. One person told us, "If I had any issues whatsoever, I would speak to [the team leader] or one of the other members of staff here so that I could get it sorted out…I've never had to raise any issue whatsoever with them. Everything has been as it should be". One relative told us about a concern raised by their family member regarding care staff speaking to them inappropriately. "[The registered manager] managed this really well. They didn't just push it to one side". The provider's PIR outlined how they discuss complaints with staff at team meetings. Staff confirmed this and we saw from minutes of meetings that any concerns were discussed in order to gain learning about how to improve the service for people in the future. The

operations manager told us they were introducing a new complaints management system which would enable them to record and analyse 'low level' concerns more effectively which may not have been logged as a formal complaint. They told us how they planned to use this information to enable them to make further improvements to the service they provided to people.

Good

Is the service well-led?

Our findings

People using the service and their relatives gave us consistently positive feedback about the registered manager, their management team and the wider service. One person told us, "I'm really struggling to think of anything that they could improve on at all". A relative said, "If you made a wish list of everything you would want for yourself from a care service, they deliver it all". Another relative said, "Mum has only been here a [short time] but I have slept more soundly in these weeks than I did in the last six months when she was struggling to cope in her own home" This was because of the assurance this person had from the way the service was provided and managed. The provider's information return (PIR) stated they had an open door policy at all times for people to speak with them. This was confirmed by the people and relatives we spoke with. A relative said, "The manager is there every day…She knows me by first name and has always been available whenever I've needed to speak to her". Another relative said, "I've never had a problem speaking to one of the [management team]. They are all very friendly, helpful and dedicated to their work. It's always a pleasure talking to them. They will always go the extra mile to make sure that my [family member] gets the best possible support". We were given several examples by relatives as to how management do this; including putting in additional support to help people remain living in their own homes.

People told us the management team were proactive in seeking their views. Both people who responded to our survey confirmed their views had been sought about the service. During the inspection one person told us, "[The team leader] usually knocks on my door every few days, so if I've got anything I need to tell her, I can do it then. Otherwise she also pops in just to look at the records every couple of weeks and we also have regular meetings when my daughter comes in so we can talk about my ongoing care, and there's always these opportunities to have a chat about any concerns that we might have". Another person said, "Giving feedback isn't really done in a prescribed way here. Because everyone is very visible on a daily basis, it's just about having a conversation sometimes when you're passing one of the managers in the corridor, or when they knock on my door to make sure I'm alright, or on my way in or out the building. I actually think it works better that way because then if there are any issues they get dealt with straightaway".

We saw a range of methods were in place to obtain people's views including feedback surveys, care reviews and coffee mornings. Where concerns were raised by people appropriate action was taken to ensure improvements were made and people were given an explanation and response. We saw from meeting minutes that people were involved in discussing a variety of issues and it was an opportunity to discuss news and any proposed changes. We saw recent topics included the summer fete, the result of the provider's internal quality audit, the attendance of a new priest at the service and improvements to communication systems between staff and people using the service. We saw feedback surveys were being completed and this had begun to inform different ways of capturing feedback from people. The operations manager told us people had said they didn't have enough contact with the provider and operational management team. As a result coffee mornings were set up where people could meet a member of the operational management team and a board was put up in communal areas containing photographs and contact numbers for managers; including contact numbers for company directors. The results of feedback surveys were analysed in order to identify areas for improvement and where people raised concerns these

were addressed proactively. People's relatives told us their feedback was also sought. One relative said, "We always get an invite to residents meetings. The manager's always visible. The care coordinator's always visible". Another relative said, "[I'm] certainly as involved as I think I need to be". Relatives told us communication systems were effective. A relative said, "They [staff and management] are very strong on communication" Another relative said, "They [staff and management] are very good at updating me on either things to do with Mum or general things about the service".

We saw the provider and registered manager promoted a culture of learning and continuous improvement. They linked improvement processes to training and development opportunities. For example; we saw learning from internal audits, external audits and CQC inspections from across the organisation were used to create workshops for the management team. The registered manager took this learning and shared it with the staff team during team meetings in order to raise standards of care provided. We saw the registered manager had been involved in a pilot for a new management training programme called 'Leading to Excellence'. This programme had since been accredited by the Institute for Leadership and Management (ILM) and was now being rolled out to the remainder of the management team; including senior care staff. We saw that as part of this training programme attendees were required to complete a project linking their learning to a practical area within the service. The registered manager had ensured that all projects were linked to an area of improvement required within the service. For example; we saw projects had been completed around medicines errors, rostering systems, sickness absence, recruitment and induction. Improvements and plans for improvement had been noted in all of these areas. We also saw the provider used national news and events to drive improvements within the service. For example; the provider had responded to national concerns regarding fire safety in public buildings, they had completed safety checks and had revised evacuation plans in place. The operations manager also described how national TV programmes that highlighted poor care practices were used to create workshops and learning opportunities for staff.

Staff told us they felt the management of the service was excellent, that their views were heard and they were involved in the service. One staff member told us, "We've got a really good management team here. If there's any changes they make us aware in between staff meetings". Another staff member said, "The management are really good. They listen to us if we've got problems". Staff told us they had regular staff meetings and were confident in feeding back to management where needed. We were told this helped to improve staff morale. A staff member said, "We're all lifted up at the moment. The meetings help". We saw from the minutes of meetings that staff were given the opportunity to discuss concerns about people's needs in addition to sharing concerns and changes that were taking place within the service. We saw that any concerns and complaints were discussed in order to share any learning to help improve the service provided moving forwards. Care staff told us the management team were supportive and hands on. A staff member said, "If we're stuck in a call the manager's will come up and help". This was reflected in what we saw and what people told us about the management team also. We saw the views of staff member's were also sought through feedback surveys. Some comments made in the most recent survey included; 'Working at Winehala is a pleasure', 'The team are great. The care is great. Great support from office staff', 'It's a happy atmosphere and great team. Staff are friendly and management are approachable and caring'. Where negative scores had been given by staff in a recent survey, the registered manager was able to demonstrate how they intended to get more detailed feedback in order to make any required improvements.

The provider had recognised the service for what it described as 'outstanding achievement'. On their most recent internal audit, the service had been rated as 'outstanding'. In addition, the service had won a national Housing and Care 21 award for 'Oustanding Team 2017'. The registered manager told us they had nominated their team for the award and gave some examples they used in the nomination. For example; when kitchen staff recognised when people didn't come to the restaurant at their usual times or when

domestic staff saw people weren't themselves. This enabled checks to be made to ensure people's health and safety were protected. The operations manager told us, "Winehala won outstanding team of the year award 2017 because it was evident from the nomination / evidence that they consistently provided an exemplary high standard of services to our residents. Our team worked together with the sole purpose of improving people's lives. Kindness, compassion and going the extra mile for residents was clearly their standard approach to providing care". They told us, "At Winehala we're a team. We're like a jigsaw. We can't lose a piece". We were told about various new incentive schemes being implemented to further boost staff morale and engagement. We saw from staff meeting minutes that ideas had been sought from the staff team regarding their choices for incentives which demonstrated their involvement in the new schemes being launched.

We saw the registered manager ensured they developed numerous links within the community and with other organisations. For example; healthcare professionals, an exercise and wellbeing group, an optician, Age UK and the local fire brigade. This enabled to the provider to support people in improving their social networks, health, well-being and safety in addition to improving the service provided. We saw the provider had gained national accreditation in several areas; including with Investors in People and with Skills for Care. Where accreditation had been gained the operations manager outlined plans to gain the next level of accreditation; for example gold standards where silver had been achieved. The operations manager outlined how improvement plans, for example a new improved care planning format, was based on learning gained from CQC reports and national research and guidance such as that published by The National Institute for Health and Care Excellence (NICE) and the Social Care Institute for Excellence (SCIE). They advised us that the learning and development team had been required to demonstrate how this guidance was used to inform development programmes in order to achieve the accreditation schemes with Investors in People and Skills for Care. This demonstrated the provider was proactively using national guidance and learning to assist in driving improvements within the service.

We saw the provider had a passion for on-going and continuous service development. The registered manager and provider had a range of quality assurance and audit checks in place that identified areas of improvement and further development required in the service. We saw systems were in place to analyse records such as accidents, incidents and safeguarding records in order to identify any trends and ways in which they could proactively minimise any future risks to people and promote their safety. For example, we saw how the trends analysis of falls had led to the provider working collaboratively with the falls prevention team to help protect people from further avoidable harm. We saw where medicines errors had been identified through auditing processes, systems were in place to ensure the risk of further errors were reduced. This included utilising communication systems, providing further training and support to staff where needed, increasing competency checks and taking disciplinary action where appropriate. The provider produced a 'scheme matrix' which included a snap shot of events such as serious incidents along with a risk rating that enabled operational managers to identify key areas of risk within the providers services. We also found that the provider had continuously analysed the effectiveness of these quality monitoring systems and looked at ways they could strengthen the tools available to them. The provider was introducing a range of improvements to existing quality assurance systems in addition to looking for additional innovative systems to implement that could be used to drive improvements. A new Housing and Care 21 management pack had been introduced and was currently being completed by the registered manager. This enabled a more comprehensive analysis to be completed to identify any potential areas of development that may be required within the service. Where we found some improvements were required in auditing systems we saw these were already being addressed by the registered manager and provider. For example; we saw an example of a medicines audit that had not identified gaps in a medicines administration record. The operations manager told us about improvements they were making in this area and were able to show us details of training provided to managers around effective auditing in medicines.

We saw the registered manager had then shared this learning with the senior team who were completing audits within the service. This was completed after the date of the identified error and we did not identify further issues that were not addressed. We saw action plans were in place where areas of improvement were identified.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The management team were committed to improving the quality of service provided to people living at the service.