

Housing 21

Housing 21 – Deighton Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Housing 21 – Deighton Court is an Extra Care Housing provision and domiciliary care service providing personal care for people aged 55 years and over. 23 people were supported at the time of the inspection.

People using the service lived in their own flats within one adapted building. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We rated the 'Safe' key question as Requires Improvement and identified a breach of the regulations related to safe care and treatment. This was because systems had not ensured people always received safe medicines support. The registered manager took action shortly following our inspection to address these concerns. We have made a recommendation about medicines management that the provider continues with those improvements to ensure consistently safe ordering and medicines support. People and relatives did not raise concerns about the medicines support provided and told us errors had been appropriately responded to.

People and relatives told us they felt the service was safe. Systems helped to ensure suspicions of abuse would be appropriately responded to. People's risks were monitored, incidents learned from and staff knew how to help keep people safe. Recruitment processes were safe and people we spoke with told us they got their calls on time and for the planned length of time.

People and relatives all spoke positively about the care provided. People were supported to access healthcare services and with their meals if needed. Staff felt supported and that they had enough training and guidance for their roles. 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.

All feedback we received showed the service was caring. People were involved in reviews about their care. People were treated with respect and their privacy, independence and dignity was promoted.

People's care plans showed how they wished to be supported. We received consistently positive feedback about how people's needs were met. The registered manager told us end of life care plans would be developed if people wished. People and relatives felt comfortable complaining and confident that complaints would be addressed.

People were encouraged to make community links and get involved in activities. People and staff told us the registered manager was approachable and they would recommend the service to loved ones. Improvements were underway to ensure audits were robust and we shared some records inconsistencies

with the registered manager. The provider met their responsibilities to the Commission, to display ratings and notify us of specific events when needed.

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

Rating at last inspection

The last rating for this service was Good (published 05 April 2016).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housing 21 – Deighton Court on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led key questions of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a breach in relation to safe care and treatment in relation to medicines management. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Housing 21 – Deighton 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an 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.

Service and service type

This service 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 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.

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 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection and that people would be available to speak with us.

Inspection activity started on 06 September 2019 and ended on 10 September 2019. We visited the office

location on 09 and 10 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 16 relatives about their experience of the care provided. We spoke with seven care staff, three assistant care managers and the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the quality and safety of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and received updates related to medicines management at 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 now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements were required and underway to current medicines management systems.
- Medicines records were not always completed clearly and accurately to help promote safe practice, for example to help monitor people's use of 'as and when' medicines.
- One person required time-specific medicines but one of their calls was planned for half an hour later which prevented this medicine always being given on time and as directed.
- Medicines errors had occurred before our inspection, for example some people had not been given their medicines.
- We found medicines records errors were still made. Where the provider was responsible for ordering medication, records showed some people's medicines ran out before the provider reordered them. This included pain relief one person regularly used. This put people at risk of not having their medicines when needed.

The provider did not have effective systems in place to always ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager identified ways to reduce future risks in response to our feedback. A new electronic system was also being introduced which would help improve staff guidance and how medicines support was monitored.
- People and relatives told us they received safe medicines support. Two relatives who told us medicines errors had occurred, confirmed the errors were investigated and appropriately responded to. Staff had received training as well as support and guidance to learn from errors.

Learning lessons when things go wrong

- Records showed occasions each month where some people's medicines ran out and staff had not always reported this proactively. Systems had not been reviewed to reduce risks as far as possible.
- Incidents were responded to appropriately to ensure people's safety, for example, to seek input from emergency services and healthcare professionals. The registered manager and staff described the learning taken from incidents, although this was not always clearly documented.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe. Everyone we spoke with told us they felt safe and comfortable with the staff. A relative told us, "[Person] feels very safe and comfortable."

- Staff had received relevant training and knew how to identify and report any concerns or suspicions of abuse.
- Notifications we received before our inspection showed the provider responded appropriately to abuse and allegations of abuse to help protect people.

Assessing risk, safety monitoring and management

- People's risks were appropriately assessed and monitored. Pendant alarms and sensor mats were used when suitable to help keep people safe. A relative told us, "[Person] had a fall once when she rolled off the bed. She pressed her bell and they came straight away and they alerted me straight away too."
- Our discussions with staff found they knew about people's risks and how to help keep people safe, for example if people were at risk of falls or if people's health declined. A relative told us, "[Person] sometimes refused to take them and held the tablets in their mouth. The carers spotted that and now they give [the person] some in liquid form."

Staffing and recruitment

- People and staff felt they had enough time between calls and to meet people's preferences. A relative told us, "Staff are reliable. It is reassuring. We can be confident with the support."
- Relatives told us people could use an intercom to seek help for example if they were unwell, and staff promptly supported them.
- This inspection found continued safe recruitment practices. Staff told us they underwent suitability checks before they started in their roles. This included character references and checks through the Disclosure and Barring Service (DBS).

Is the service effective?

Our findings

Effective – this means we looked for evidence 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 rated as Good. This meant 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

- We received consistently positive feedback about the service and care provided. People and relatives' feedback reflected confidence in the support provided by staff. A relative told us, "They know what they are doing."
- Staff showed understanding of people's support needs and preferences. This information had been gathered and reviewed with people and relatives as appropriate.

Staff support: induction, training, skills and experience

- Staff told us they felt supported. Staff meetings, spot checks and supervisions were held to help ensure staff understood their responsibilities and had the support they needed.
- The provider's induction process included completion of the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Systems were in place to ensure staff had access to current and core training including basic life support, safe moving and handling, dementia care and health and safety.
- The registered manager had plans to introduce lead roles and champions in the staff group to support further development.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were supported with their meals and drinks. Staff knew a person's risks and how to safely prepare the person's meals and drinks. Another person's relative told us, "They always get [person's] dinner, cut her food up and help her to eat it."
- There was a restaurant on site which people spoke positively about. A relative told us, "[Person] has a special slot and they take her downstairs for lunch. They will ring and ask [person] what they want. She eats well."

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

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

- People were supported to access healthcare services if needed. A relative told us, "I arrange medical appointments but occasionally staff will escort [person] if necessary." Another relative told us, "Staff ring the GP and will also make a chiropodist appointment for [person]."

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.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Nobody using the service needed this level of support.

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

- Staff understood their responsibilities and further training was planned.
- Staff told us, and records confirmed some decisions were taken in people's best interests.
- Discussions with people, relatives and staff showed people's choices and wishes were respected.
- Staff knew how some people expressed their choices when they could not do so verbally, and how to best support people to make their own decisions.

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 rated as Good. This meant 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

- Most people and relatives told us staff were kind and caring. A relative told us, "One or two staff were not that nice, but they have been replaced." The registered manager confirmed this.
- One person told us, "You feel comfortable, they're good carers." Relatives' comments included, "They are nice and caring. They are patient. [Person] is full of praise for them," "They are lovely and friendly," and, "I trust them to look after Mum."
- Relatives described good relationships between people and staff. We saw one person responded well and had a laugh with a staff member. One relative told us, "They will listen to her when she gets upset. They are there for her and they calm her down." Another relative told us, "They tease and joke with her and have a laugh."
- Staff were deployed to help meet individual people's preferences and needs, for example where staff shared people's first language. The registered manager had identified community links to help meet people's cultural and social needs and had organised information sessions for people and staff about LGBT (Lesbian, Gay, Bisexual and Transgender) communities. This helped reflect and respect people's diverse needs within the service.

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

- People were involved in reviews and decisions about their care. One person told us staff checked in on a monthly basis to see if they were happy with their care and support.
- A relative told us, "They always ask [person] if there is anything else that they need."
- People were invited to regular 'tenant meetings' to give their views and feedback and to receive information about the service. People were informed of complaints and safeguarding processes to help empower people and raise awareness.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Staff gave examples of how they promoted people's independence and dignity and spoke respectfully about people.
- Relatives' feedback showed staff appropriately promoted people's independence. One relative told us, "Mum is independent. They let her do what she can do first then help her with the other things."

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 rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Everybody spoke positively about the care provided and told us they would recommend the service. A relative told us, "Staff all know [person] and her routines. They work around her."
- People and relatives were involved in care planning processes and we saw people's care plans reflected how they wanted to be supported.
- Relatives' comments included, "[Person] loves it here," [Person] is happy, you can tell."

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.

- Staff showed understanding of people's communication needs, for example people's gestures and what this meant. Staff told us they showed some people options to choose from if they could not always express their choices verbally.

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

- People were invited to take part in activities and outings; relatives spoke positively about this.
- A relative told us, "I can be very reassured and have peace of mind. They do keep an eye on her and [person] has made friends there." Another relative told us, "They get him to join in a bit. It is a nice little community."

Improving care quality in response to complaints or concerns

- People and relatives told us they would feel comfortable complaining if they needed to, and that complaints would be appropriately responded to. A relative told us, "I've never made a complaint, but I would feel comfortable doing so."
- People had access to information about how to complain. Staff told us they would also encourage people to share their concerns and ensure this information was passed on.
- We found appropriate action was taken in response to complaints and the registered manager described how learning had been taken to improve the quality of the service.

End of life care and support

- Nobody required end of life care at the time of our inspection. We met one person whose relative had been supported at this service and praised the care and support the person had received.

- People's expressed funeral plans and arrangements were recorded. The registered manager told us people's wishes around end of life care would be gathered and incorporated into care planning as appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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 now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Audits did not consistently identify and promptly address areas of improvement in relation to people's medicines support. The registered manager had identified further support needs, to ensure assistant care managers always carried out robust audits of people's care records. We brought some record discrepancies to the registered manager's attention which they took action to address.
- Systems did not ensure people always received safe medicines support. A new electronic system was being introduced which would help improve how medicines support was monitored. The registered manager confirmed additional action had been taken to address issues we identified.
- The provider and registered manager understood their legal requirements. The ratings of the last inspection were displayed, and we were notified of specific events and incidents as required.

Continuous learning and improving care;

Working in partnership with others

- Medicines administration and recording errors had occurred before our inspection but had not led to consistent and sustained improvements. Our inspection found continued issues, for example, the provider where responsible for ordering some people's medicines, had not always done so on time to ensure people could always take these when needed. The registered manager told us systems would be updated to address this and we shared our findings with the local authority.
- Risks to people's safety, related to people's health or posed by the environment, were identified and managed. Healthcare professionals were consulted with when needed to help meet people's needs.
- Feedback showed people, relatives and staff found the registered manager supportive and approachable. A relative told us, "They regularly ring me. The manager is very good. Any problem and she will try and sort it out." Another relative told us, "I know the staff. Since the first day I can ask them about any problem or issue."
- The registered manager had an action plan in place based in part from feedback received from people and staff. The provider and registered manager made reference to current good practice guidelines to help inform and support continuous improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

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

- People, relatives and staff told us the service was well-led and they would recommend the service to their loved ones. Relatives' comments included: "They are caring and it is a beautiful environment," "It is excellent. We are very pleased," and "There is a nice atmosphere. It is very inclusive and everyone is welcome."
- Staff described a good sense of teamwork and told us they felt respected and valued. Staff efforts were recognised including through the provider's initiatives to enhance staff wellbeing and promote good practice.
- The service had links with the community and encouraged people to get involved in outings and activities which reflected people's preferences and interests. People, relatives and staff described a positive and caring culture.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have effective systems in place to always ensure the proper and safe management of medicines.</p>