

Housing 21

Housing 21 – Walstead Court

Inspection report

Walstead Court
Barley Close
Crawley
West Sussex
RH10 6BD

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16 July 2019

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10 September 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

Housing 21 - Walstead Court is an extra care housing facility providing personal care to older people and to younger people with physical disabilities. Walstead Court is a purpose built, three story block, with 26 flats and communal space, including a large lounge and dining area and a garden. Not everybody living at Walstead Court received support with personal care from the provider. 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.

Some regulatory requirements were not fully understood. This was an area of practice that needed to improve. We did not identify any negative impact for people and the registered manager took immediate steps to ensure that this omission was addressed.

People told us they were happy with the care they received. People and their relatives described feeling safe living at Walstead Court. Risks were assessed and managed effectively, and staff were responsive to changes in people's needs. Staff were knowledgeable about safeguarding people from abuse and knew how to report any concerns. There were enough suitable staff to care for people safely. One person said, "The staff are very reliable."

Staff received the training and support they needed to be effective in their roles. People told us they had confidence in the staff. Assessments and care plans were comprehensive and reflected people's diverse needs and choices. People were supported to have enough to eat and drink and to access health care services when they needed them. 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 told us staff knew them well and were kind and caring. One person said, "You can have a good joke with the carers but when it comes to the actual care, they do exactly what needs doing." Staff had enough time to spend with people and said that they could chat to people and never had to rush. One person said, "They show that caring is about more than just meeting physical needs."

Staff supported people to make decisions and this was reflected in people's care records. People told us they felt respected and their dignity and privacy were protected.

Staff provided care in a personalised way. Care plans identified people's choices and preferences and guided staff in how to provide care in the way people preferred. People were supported with communication needs, and staff encouraged people to take part in activities and events to reduce risks of social isolation. The provider had a complaints system and people knew how to raise any concerns.

Systems for monitoring the quality of the service were consistent and effective. People told us the service was well managed. Staff spoke highly of the registered manager and described a positive culture where they

were encouraged to express their views and ideas. Staff were well motivated and told us they enjoyed their work.

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

Why we inspected. This service was registered with us on 8 June 2018 and this was the first inspection since registration. We have found evidence that the provider needs to make improvements. Please see the well led section of this full report. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up. 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Housing 21 – Walstead 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 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.

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 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.

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

This inspection was announced. We gave a short period of notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since they registered with us. 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 10 people who used the service and one relative about their experience of the care provided. We spoke with five members of staff and the registered manager, and the operations manager. We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Walstead Court. People's comments included, "It's like a big umbrella keeping you safe," and, "The staff put your safety first in everything they do." Another person described the benefits of having an on-site care team and how safe this made them feel, saying, "They can respond instantly to an emergency."
- Risks to people had been assessed and there was clear guidance for staff in how to provide care in a safe way, according to people's individual needs. For example, some people needed support to move around. Manual movement assessments identified equipment that was needed and provided clear and detailed guidance for staff based upon people's individual needs and preferences.
- Staff told us that risk assessments were useful and were regularly reviewed to ensure they were accurate. Records showed that risk assessments and care plans had been updated and amended when people's need had changed.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a firm understanding of their responsibilities to safeguard people from abuse. They were able to describe how they recognised signs of potential abuse and knew how to report any concerns. One staff member said, "I would always report to the manager and if necessary I would go to the police or social services."
- Records showed that safeguarding alerts had consistently been raised with the local authority in line with the provider's policy.

Staffing and recruitment

- There were safe systems in place to ensure that staff were suitable to work with people. Recruitment checks were carried out before new staff started work. One staff member described how they had been supported when they started work at the service saying, "I was working alongside experienced staff and I had time to get to know people when I started, it helped me to feel more confident because I was introduced and saw how people liked things to be done."
- There were enough staff employed to cover all the care visits that people needed. The registered manager said, "We usually don't need to use agency staff because we have enough staff now." People described receiving their calls on time and said that the service was reliable. One person told us, "They are very reliable and always come when I expect them." Another person said, "Whenever I have used the call bell the response has been immediate."

Using medicines safely

- Some people needed support with the administration of their medicines. Staff had received training and

were assessed to ensure they were competent in managing medicines. One staff member told us, "I take it step by step when I do the medicines."

- Records showed that Medication Administration Records charts had been completed consistently and there were systems in place to ensure that any errors were identified and rectified quickly.

Learning lessons when things go wrong

- Systems were in place to record any incidents or accidents. Staff were recording events consistently and the registered manager had oversight of these records. We noted that appropriate actions had been taken to review risk assessments and care plans following incidents and accidents to ensure that any changes in people's needs were identified and managed.
- The registered manager said that any significant events would be discussed in a debriefing session with staff and included in handover information for staff coming on shift so that lessons were learned when things went wrong.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs, and choices had been assessed in a holistic way to take account of their physical health, mental health, and social needs. People told us they had been involved in developing care plans and felt their views were respected. One person told us, "I have agreed a care plan."
- Care plans were based on comprehensive assessments of people's diverse needs and reflected current best practice. Appropriate referrals had been made to health and social care professionals to ensure people's needs were met. For example, advice received from an occupational therapist (OT), was included in a manual movement assessment and care plan to guide staff in the most effective way of supporting one person.
- People were supported with technology to ensure their needs were met. For example, one person showed us an electronic bracelet that they wore to alert staff if they fell. They explained, "I can fall at any time, but I feel safe here." They said, "I have used this several times and someone always comes quickly."

Staff support: induction, training, skills and experience

- People told us they had confidence in the skills of the staff. People described their health conditions and said that they were satisfied that staff knew about them, understood their symptoms and could identify indications of risk.
- Staff told us they had access to training relevant to their roles. One staff member said, "The training makes a lot of difference. I had dementia training and it made me think differently about how I approach people." Another staff member told us, "You get access to constant training and they encourage you to move up the ladder." Records confirmed that training was relevant to the needs of people living at Walstead Court and staff were up to date with training that the provider considered to be essential for their role. Some staff had received additional training in some subjects including, dementia, dignity and equality. They were described as "champions" in these subjects and this meant that they had additional knowledge and could support other staff.
- Staff were receiving regular supervision and described feeling well supported. One staff member said, "It's helpful because you can bring up any questions of concerns you have, and it refreshes your understanding. If you need to speak to someone between supervision sessions that's no problem either." Another staff member said, "Having regular supervision helps with communication here. It's very good."

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

- Some people needed support to prepare food. One person told us, "I have a bit of help to get a meal for myself," another person said, "We can have a meal brought up from the dining room to our flat if we want to." We observed staff assisting people at meal times.

- Staff were aware that some people had risks associated with eating and drinking. One staff member told us that a person was at risk of choking and described the support they needed. Another staff member described how a person had lost weight and was at risk of malnutrition. They said, "We prepare meals for them, and now stay and chat and encourage them to eat, they have improved and put on weight." This was reflected in the person's care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff described positive working relationships with health and social care professionals. One staff member said, "We work closely with district nurses, the GP and social workers, for example if we feel someone needs more support we talk to the social worker or GP about it."
- People told us that staff were proactive in supporting them to access health care services when they needed to. One person said, "They know what signs to look for if I am not well." Records showed that people had a number of health and social care professionals involved in their care including, OT, Speech and Language Therapist, Optician and diabetes nurse specialist.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff demonstrated a clear understanding of the MCA and their responsibilities. Staff spoke about the principles of the legislation and gave examples to show how they supported people to make their own decisions. One staff member described how a person had made an unwise decision but had capacity to do so. Another staff member explained that a person who was living with dementia was supported with technology to ensure they were safe if they went out. They described how this supported their safety to be monitored in the least restrictive way.
- Records showed that where necessary, decisions had been made in people's best interest and that relevant people had been consulted.
- People and their relatives told us that staff supported them to make decisions. One person said, "They only do what I have asked. All the care is what I have agreed to." We observed staff were checking with people before providing care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us that staff were kind and caring. One person said, "The staff here understand what caring is about, not just what's got to be done but about recognising you as a person." They described how they felt reassured by a staff member saying, "At bedtime they are there to share the day I've had and to reassure me for the night ahead." Another person told us, "I am never rushed with my care, they take whatever time I need."
- Staff had received training in equality and diversity. One staff member was wearing a rainbow badge and explained how this promoted inclusive practice and showed people they were aware of the needs of people from the LGBT+ community. They said, "We had specific training to help us understand more."
- Staff had developed positive relationships with people and knew them well. One person told us, "You have different care staff through the week, but we always know in advance who is coming and they all know us really well." People said they valued the time staff spent chatting with them and getting to know them. One person said, "You can have a good joke with the carers." Another person told us, "They often sit and chat with me at the late evening visit."

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

- Staff respected people's views and supported them to make decisions. One person told us, "They always ask what's to be done and how I like it done." Another person said, "They always check with me and that I'm in agreement." Staff described how they supported people by making suggestions and offering them choices. One staff member said, "I am constantly checking with people, it's about respecting them and making sure they are in control."
- Records showed that people's views and preferences were considered and included when care plans were developed and reviewed. Care plan's included information about what was important to the person. For example, one person had identified that they did not want to go to hospital.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect. One person said, "They absolutely respect the privacy of my flat." Another person told us, "The care is there when you need it but otherwise you live your own life. It's all about privacy."
- Staff understood the importance of respecting people's privacy. One staff member described how they protected a person's privacy and supported their dignity when providing personal care. Another staff member told us, "I always check with them as we go along, making sure their dignity is protected."
- Personal information was kept securely, and staff demonstrated a clear awareness of the need to maintain confidentiality. One staff member said, "We have to be very careful because it's a small place and we have to

be discreet when we are discussing personal information."

- People were supported to remain independent and to do as much as they could for themselves. One person told us, "It's nice to have care on your own terms. I say no sometimes (to help) because I don't want to lose what I can do for myself." Staff described how they supported people to do what they could for themselves. One staff member said, "I always try and encourage people, sometimes it's just their motivation that's lacking and they just need a bit of support to get them started."
- The registered manager told us how staff had successfully supported reablement care and one person's care needs had reduced so that they needed one staff member instead of two.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People were receiving a personalised service that reflected their needs, choice and preferences. One person told us, "I couldn't be anywhere better. Leaving your home is a big step but I still feel this is my home and I have my own front door to lock."
- People's diverse needs were considered and included. Religious needs were noted, and staff were aware of this.
- People's care plans guided staff in how to provide a personalised service. For example, details of things that were important to people were identified, such as their personal preferences, favourite TV programmes, people who were important in their life. People's personal history was also included, and staff told us they used this information when they were getting to know people. One staff member said, "It's useful to know background information because sometimes it explains why a person likes certain things, or particular routines."
- One staff member described how a person liked music. They explained how they used song to help them to relax and feel less anxious and had found particular songs worked well.

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.

- Some people had communication needs. The registered manager was aware of the Accessible Information Standard and had devised a code to flag communication needs. Coloured stickers were used to alert staff to particular communication needs including, sight impairment, being hard of hearing or having difficulty with verbal communication.
- Care plans included guidance for staff in how to meet people's communication needs.

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 supported to attend activities and social events at Walstead Court and in the local community. One person told us, "I like having company whenever I want. People can keep to themselves or just join in with what they like."
- Staff told us that there were regular activities arranged for people who could choose to be involved if they wanted to. Some people were leading events and activities and staff told us this supported their well-being and sense of belonging at Walstead Court. One person told us, "The staff encourage us to join in with things,

but nobody is forced to do anything."

Improving care quality in response to complaints or concerns

- Complaints were logged, and the registered manager had oversight to ensure that all concerns were addressed. People told us they knew how to make a complaint and would feel comfortable to do so.

End of life care and support

- People were supported to plan for care at the end of their life. Their wishes, preferences and needs were recorded where appropriate. For example, if people had expressed a desire to remain at Walstead court and not go to hospital this was recorded.
- Some staff had received training in end of life care and understood the importance of involving people in planning. One staff member said, "Often the family want to be involved and we would support them."
- Nobody was receiving end of life care at the time of the inspection. Staff were able to describe how care would be arranged to support people to have a comfortable death.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Some regulatory requirements were not fully understood by the registered manager. We identified this as an area of practice that needed to improve. The registered manager took immediate action to ensure that this shortfall was addressed. We did not identify any harm to people as a result of this omission.
- Staff were clear about their roles and responsibilities. They described receiving regular feedback about their performance and records showed that annual appraisals had identified areas of practice that needed further development. They spoke highly of the management of the service. One staff member said, "Care staff are treated well, I feel valued and welcomed here."
- The provider had systems and processes for monitoring the quality of the service. Audit tools were used to identify shortfalls and actions had been taken to make improvements. An electronic reporting system sent information directly to the provider to ensure that there was oversight. For example, incident and accident forms were monitored by the registered manager but were also sent to the provider for analysis to identify patterns and trends. The registered manager said that this enabled the provider to assure themselves that appropriate actions had been taken and to identify areas of service that needed to improve.

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

- Staff described a positive culture where they were able to speak openly about any ideas or criticism's they had. One staff member said, "If I thought something was wrong I would speak up. I feel that we are able to discuss things openly here."
- People told us they were happy and felt the service was well managed. One person said, "The visit times work well, if they are going to be late I am always informed." Another person said, "The care side of things works very well here."

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

- People told us their views on the service were valued and they felt able to contribute their ideas for improvements. One person told us, "We have meetings, but you can always go and talk to someone and they will listen. If you want to suggest something you can just say."
- Staff said they were encouraged to contribute ideas and suggestions for improvements. One staff member said, "The team meeting is led by managers, but anyone can contribute, they are always listening to our ideas."

Continuous learning and improving care; 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

- Staff described a consistent approach to development and learning at the service. One staff member told us, "The managers are always looking for different ways to improve things." Staff described feeling motivated and enjoying their work. Staff told us that they had enjoyed learning about the MCA because a staff member, who delivered training, had suggested they create a song to help them remember the details. One staff member said, "It made it easier to learn and much more enjoyable."
- The registered manager used audits and monitoring systems to identify shortfalls. They described improvements that were planned including the introduction of quality assurance questionnaires specific to the care provided at Walstead Court.
- The registered manager was aware of their responsibilities with regard to the Duty of Candour.

Working in partnership with others

- The provider was responsible for the housing contract as well as providing care for people. The registered manager described how the care staff worked in partnership with housing staff to address any concerns that people raised.
- Staff gave positive examples of working relationships that had formed with health and social care professionals.