

## Housing & Care 21

# Housing & Care 21 - Goldfield Court

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Goldfield Court provides domiciliary care in an Extra Care Housing complex, where people live and receive most of their support within their own flats. At the time of our inspection the service was being provided to 71 people who lived at the complex. At our last inspection, in December 2014, the service was rated Good. At this inspection, the service remained Good.

People continued to receive safe care and were supported to take their medicines as prescribed. Care staff protected people from abuse and harm. Risks to people were consistently assessed and guidance was available for care staff to follow to ensure they were protected from harm.

People continued to receive effective support from care staff that had the skills and knowledge to meet their specific needs. People were enabled to have maximum choice and control of their lives. People were assisted to access appropriate healthcare support and were assisted where necessary to take a nutritional diet.

People continued to receive a caring and compassionate approach to their needs which included involving them in decisions about the support they needed. People's privacy, dignity and independence was respected. People's diverse needs were recognised and care staff encouraged people to continue to enjoy the activities and/or hobbies they enjoyed.

The service continued to be responsive and involved people in developing their care plan so that their individual preferences and abilities were known and these were respected by care staff. People were able to speak openly with care staff and tell them if they were unhappy or wanted to make a complaint.

The service continued to be well-led with appropriate checks and audits in place to ensure that the quality of the service was maintained. The management of the service was stable. Arrangements both formal and informal were in place to obtain people's views about the service and make any improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

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## **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 checked 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 unannounced inspection took place at the provider's office on 10 August 2017 with phone calls made to people with experience of using the service on 16 and 17 August 2017 to gain their views.

The provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with six people who used the service, five relatives, four members of care staff, the housing manager and registered manager. We spent time observing how care staff provided care for people in communal areas to help us better understand their experiences of the care and support they received.

We looked at five people's care records, three medicine administration records and three care staff recruitment files. We also looked at records relating to the management, safety and quality assurance of the service.

# Is the service safe?

## Our findings

People told us they were happy with how care staff supported them and that they felt safe. A relative told us, "[Persons name] has memory problems and they lost some money but the carers managed to help him find it, they keep him safe too". We saw that information about safeguarding, what it means and how to access support locally was displayed in communal areas for people to refer to. Care staff confirmed to us they had received training in safeguarding and confidently described how they would report any concerns they had about abuse. One care staff member said, "Safeguarding involves making sure that no harm occurs to anyone. If the person has any bruising, changes in behaviour or is neglecting themselves I would talk to them and report this". Records reviewed confirmed that care staff had received training in how to protect people and keep people safe in a number of subject areas, for example, safe moving and handling, fire safety and infection control.

Care records available in people's flats included information about how care staff needed to support people to minimise any risks to them and protect them from harm. Care staff spoken with said they referred to these regularly, particularly when people's needs changed or they were less familiar with a person's needs. Additionally to keep people safe, all newly employed staff were subject to all the appropriate recruitment checks, including a check for any criminal records. The provider requested past employer's references to help assess the new staff members suitability to work with the people who used the service.

People told us they felt well supported by care staff, who were available to meet their needs through planned visits. They said, "I have two carers, one comes during the week and the other at weekends it works well" and "The times of my calls fit in really well for me". People told us staff were very rarely late for calls and if staff were going to be very late they got a phone call to let them know. Their comments included, "They [care staff] aren't usually late and if they are they always apologise" and "I can't ever remember the carers being late". We found that rotas were planned around people's specific needs; for example any health appointments they needed to attend to ensure enough staff were available to support them. One relative said, "If calls need to be changed for any reason especially if a hospital appointment comes up the care staff come in to suit the time, it's really good". Care staff said that there were adequate numbers of staff available to meet people's needs; they confirmed to us that systems in relation to filling gaps in the rota due to unexpected care staff absence on the whole were effective.

People received their medicines according to their care plans and how they wished to receive them. One person said, "They [care staff] help me to take my pills properly and they make a note of what I have had". Medicine administration records we reviewed demonstrated that people were supported to take their medicines as prescribed.

## Is the service effective?

### Our findings

People told us that they felt well looked after and that they found care staff were competent. Their comments included, "I have real confidence in all the carers nothing is a trouble to any of them" and "All the staff who visit me are well trained to do the job; I am very happy with them all". Care staff told us that they received a comprehensive induction before they worked with people and also received a variety of on-going training to maintain and update their skills. One care member staff said, "The induction and training I had were really good".

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. At the time of our inspection the registered manager told us that all of the people receiving support had the mental capacity to make decisions for themselves. We observed care staff in communal areas supporting people in line with the principles of MCA. Care staff had received training in MCA and DoLS and were able to describe its practical use and how they ensured people gave their informed consent. A care staff member said, "I encourage people and tell them the benefits, say if someone doesn't want to eat, I may leave them something just in case; but obviously you always need to get people's consent for anything you do".

Some of the people we spoke with were supported by care staff to access and/or prepare their food and drinks. One person told us, "When my carer's leave they make sure I have everything I need at hand I am never left without a drink". A relative said, "The carers offer [persons name] a choice of what she wants to eat on some days and on other days she goes down to the restaurant for something to eat, she chooses on a daily basis". Care records available outlined how and what support each person needed in relation to their nutritional needs and any special dietary requirements. Care staff spoken were aware of the support people required.

In their Provider Information Return the provider told us that they had developed a 'GP and District Nurse monitoring form'. This had been put in place to record any outcomes or advice provided as a result of the health care professional's visit, as care staff may have requested the visit they may not always be present when it was undertaken due to the nature of the service provided. Relatives told us, "A couple of weeks ago [persons name] wasn't well and the carers knew she wasn't right. They went straight to tell [registered managers name] and she rang me and the doctor and she stayed with [persons name] till the doctor came" and "If ever my mum isn't well the carers tell [registered managers name] straight away and if necessary she lets me know and she gets hold of the doctor". This meant that when necessary people received the support they needed to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People told us about the caring and kind approach of the staff supporting them and the positive relationships they had with each other. The comments they made included, "I couldn't be treated any better at all by any of my carers; they are all so kind", "I couldn't be happier with what my carers do for me; I really look forward to them coming they are a breath of fresh air" and "We have a really good rapport together [person and care staff] it's like being looked after by my friends". Relatives told us, "I know I am not in the room but I can hear the carer speaking to my wife they have a really lovely relationship" and "Angels in disguise that's what they [care staff] are". Care staff spoken with demonstrated they were passionate about providing support to people in a caring way.

People using the service were able to access any extra support they needed from care staff outside of their planned calls, through the use of an emergency call button also referred to by the provider as the 'careline'. In their Provider Information Return the provider told us that they assigned care staff to answer the careline each shift and additional care staff at peak times in order to respond to emergencies quickly. During our inspection we saw that when people requested additional support using the careline, these were responded to in a timely manner; in the first instance by care staff making contact with the person to assess the urgency of their needs. This meant that care staff showed concern for people's wellbeing by responding to their needs quickly.

People said that care staff ensured their privacy and dignity, for example by requesting to enter their bathroom to support them and/or asking them where and how they wanted their care provided. One person stated, "When I am being showered I am kept covered in between by the carers with towels so I am not exposed unnecessarily". A relative said, "They [care staff] treat [persons name] with respect at all times. He can be anxious at times but the staff support him in a way that helps him deal with day to day tasks". People told us that were supported to maintain their appearance and independently chose what to wear. Interactions we observed in communal areas and people's comments demonstrated that people were supported by care staff in an unhurried manner and at their pace. This meant that people were treated with compassion and respect by care staff.

People were encouraged to maintain relationships with the people who were important to them such as their family members. A relative told us they were 'always made welcome' and that they were able to visit their family member whenever they liked.

The registered manager was aware of how to make contact with local advocacy services; which meant that if people had difficulty making decisions and needed independent advice, they could direct them appropriately.

## Is the service responsive?

### Our findings

People had been involved in their initial assessment and in developing their care plan. Each person we spoke with and or their relative told us they had access to their care plan. They told us they had been involved in completing these at the start of their care being provided and their needs were reviewed at regular intervals of around six months. One person said, "I have helped with my care plan and it's in my folder at the front". Relatives of people using the service were also involved in any updates. A relative told us, "The care plan is reviewed about every six months unless anything changes and then it's changed when it's needed". Care records we reviewed included people's individual preferences and also highlighted their abilities. We found that care records were reviewed and/or updated in a timely manner and formal 'support plan and service reviews' were undertaken periodically with people and/or their relatives.

People told us care staff understood what was important to them whilst enabling them to have autonomy over their routines and respect their preferences for socialising or not with others. We saw that people were kept updated about activities taking place within the complex and were encouraged to be involved with other activities taking place in the local community, if they had identified an interest. This meant that people diverse needs were respected, understood and managed to suit people's needs.

Only one person we spoke with had made a complaint and they told us it was sorted very quickly and in a way that they were happy with. Another person said, "I have never needed to complain but I definitely would do if I had a problem". People spoken with told us that if they had any complaints they would raise these with the registered manager in the first instance and they felt sure they would be addressed. People were provided with information about the provider's policy and procedure for raising a concern or complaint, which included information as to how complaints would be handled. We reviewed the complaints received by the provider and found that the provider acknowledged, investigated and responded to complaints in line with their own policy. Care staff spoken with were clear about how they should direct and/or support people to make a complaint.



## Is the service well-led?

### Our findings

People told us they would recommend the service to others and were happy with the standard of care that they received. One person said, "I have first class care on a daily basis nothing is too much trouble for anyone to do things for me". Two of the people spoken with had already made recommendations to third parties to join the service. Relatives were very positive about their experience of the service, one relative said, "My brother has lived here for three years, it's the best thing that has happened to him".

The service had a registered manager who had been in post since the service began. 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 and care staff told us that the registered manager was efficient, accessible and available to them for support. People's comments included, "If I need to know anything I receive the information straight away from [registered manager's name]" and "I see the [registered manager's name] on a regular basis usually when I am out and about in the main building. I can always speak to her if I need to". Care staff spoke confidently about the leadership abilities of the registered manager and the support they received from her. Care staff told us, "[Registered managers name] is lovely and I can talk to her about anything, she's so supportive" and "[Registered manager's name] is so very approachable, everyone likes and respects her".

We saw that the registered manager and the provider carried out regular checks and audits of the service and that appropriate action was taken where required. This ensured the quality of the service people received was reviewed and any areas for improvement identified and acted upon.

People were asked for their opinion of the service during visits and or by completing surveys in order to give their feedback about the service. Most people we spoke with said they had received a survey to complete which asked them questions about the quality of care they experienced. A relative said, "I have filled in a survey that asked me about [person's name] care". The findings from these surveys were analysed, shared and displayed. In their Provider Information Return the provider told us they had introduced 'rate my service' to gain further feed back and use this for improvement. We saw these cards being given to care staff to leave with people during their visits to gain their views; each month a different theme and focus was incorporated. This meant the provider was keen to adopt new methods for gaining feedback about the quality of the service.

The provider completed and returned a Provider Information Return (PIR) we requested within the timescales given. It is a legal requirement that the rating awarded at our last inspection is displayed within the premises and on the provider's website; we found that the provider had displayed their rating as required.