Housing & Care 21

Webb Ellis Court

Inspection report

53 Pettiver Crescent
Hillmorton
Rugby
Warwickshire
CV21 4JD

Tel: 03701924000

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 December 2016 and was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Webb Ellis Court provides an extra care service of personal care and support to people within a complex of flats. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. People have access to communal facilities including a lounge and a restaurant which offers hot and cold meals daily. At the time of our visit the service was providing care and support to 30 people.
The service had a registered manager. 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 told us they felt safe, and that they could raise concerns with staff at any time. Staff were trained in safeguarding people, and we saw that they understood what action they should take in order to protect people from abuse. Staff were supported in doing so by access to the provider's policies and procedures. Systems were used to minimise risks to people's safety, and staff knew how to support people safely, through access to accurate and regularly updated risk assessments.

People were supported with their medicines by staff who were trained to do so, and had been assessed as competent. Medicines were given in a timely way and as prescribed. Regular audits took place, which helped to ensure medicines were given effectively. However, these audits had not identified recording errors for one person. Rapid and effective action was taken by the registered manager to ensure this was rectified. There were enough staff to meet people's needs.

Checks were carried out prior to staff starting work to ensure their suitability to support people. Staff received appropriate training, support and guidance through regular supervision meetings, which helped to give them the skills, knowledge and understanding to meet the needs of people.

Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with the principles of the Act. Staff were aware of the need to seek informed consent from people wherever possible.

People told us that staff were respectful and treated them with dignity and respect. They also told us that staff supported them to be as independent as possible and respected their right to privacy. People told us they could choose what to eat and drink, and that they were supported to prepare their own meals where required.

People had access to healthcare professionals whenever necessary, and we saw that the care and support

provided by staff was in line with healthcare professionals' advice. People's care records were written in a way which helped staff to deliver personalised care. People were fully involved in deciding how their care and support was delivered, and they felt able to raise concerns about their support with staff and the manager if they were not happy with it.

People told us they were able to raise any concerns with the registered manager, and that these concerns would be listened to and responded to effectively, and in a timely way. People told us that staff and the management team were responsive and approachable. Systems used to monitor the quality of the support provided in the home, and recommended actions, were clearly documented and were effective.

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 staff who had the knowledge and skills to meet their needs. People's needs had been assessed and risks appropriately identified, with risk assessments being kept up to date. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. Staff were also aware of how and when to escalate concerns if they felt these were not being dealt with. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from appropriate health care professionals, and communication between staff and professionals ensured people's health care needs were met.
Records gave staff information about which decisions people had the capacity to make for themselves.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were kind, patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's preferences. People were supported to be as independent as possible. Staff showed respect for people's privacy.

Is the service responsive?

Good

The service was responsive.

People were encouraged to maintain their independence and they were involved in planning how they were cared for and

supported. Care plans were reviewed and staff received updates about changes in people's care. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

Is the service well-led?

Good

The service was well led.

There were effective systems in place for the provider to assure themselves of the quality of service being provided. People, relatives and staff felt able to approach the management team and felt they were listened to. Staff felt well supported in their roles and there was a culture of openness. Where issues were identified action had been taken to address them.

Webb Ellis 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.

The inspection took place on 1December and was announced. We told the provider we would be coming. The notice period gave the manager time to arrange for us to speak with people who used the service and to ensure staff were available to speak with us about the service. The inspection was conducted by two inspectors.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. The commissioners told us they had visited in January and that they had no significant concerns. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

During our visit we spoke with five people who used the service. We also spoke with the registered manager, a care team leader and five care staff.

We reviewed six people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living at Webb Ellis Court. One person said this was because staff were always available and the front door had a security code. They added, "I can go to bed at night and never have to feel scared." Staff agreed people were kept safe. One staff member commented, "People are safe here. One of us [Staff] are always here. No one can get into the building and everyone [People] has a pull cord in their flat."

People were protected from the risk of abuse because staff knew what to do if concerns were raised. One staff member told us, "Abuse could be physical, sexual or financial. It's about harming someone." Another staff member said, "I would whistle blow to keep people safe if I needed to." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Staff were supported by the provider's policies and procedures to tell them how they should report concerns. Staff told us they knew where these policies were and that they had read and understood them.

Records showed that safeguarding concerns were reported to the Local Authority in a timely manner, and were recorded, so that lessons learnt were clearly documented and communicated to staff. Records also showed that trends were analysed in order to try to make the service safer for people. If there were concerns for a person's safety, information was available for staff so they knew what to look out for and when to escalate concerns.

The provider helped people to understand their right not to experience any harm or abuse. Records of a recent 'residents meeting' showed safeguarding had been discussed, and information had been shared with people about what they should do if they did not feel safe, and who they could talk to.

Where accidents and incidents had occurred, action was taken to minimise the risks of them occurring again. Records showed that trends were analysed by the registered manager and the shared with the provider. The provider used the analysis to make changes throughout the service. The registered manager recognised some staff needed reminding of the importance of transferring information from people's daily records to a formal incident log. During our visit the registered manager added the 'completion of accident and incident forms' to the agenda for the next staff meeting.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. They had been updated with the most recent information and action plans were in place about how to manage identified risks, which linked clearly to people's day to day care plans and the outcomes they wanted to achieve. This gave staff the information they needed to reduce risks to people, so they could promote their safety and well-being. For example, one person's risk assessment informed staff not to move the person's furniture. This information was typed in a larger font and in bold lettering. Staff were informed this was important because the person was registered blind, was familiar with their surroundings, and could move independently within their own flat. If staff moved furniture this could create a potential risk. Daily records confirmed staff followed the instructions in risk assessments.

People told us there were enough staff on hand to meet their needs and that this helped them feel safe. One person said, "There are enough staff. I fell over the other month and I pressed my lifeline. Two staff were there really quickly. That's why we all feel safe here." Staff told us there were enough staff to cover all planned care calls. One staff member said, "Yes, there are enough staff. We struggled a bit earlier in the year but new staff have been recruited." Another staff member explained staff covered for unplanned and planned staff absences. They said, "We work well as a team and we cover for each other. That means we never have to use agency staff. I don't think that would work because they [agency staff] wouldn't know the customers."

The provider had notified us of three missed care calls over the past 12 months. In all cases, this had been identified quickly, and people had not experienced any harm as a result. We discussed this with the registered manager when we visited. They told us the provider was in the process of introducing an electronic 'rostering' system, which would automatically identify gaps in the rota. The registered manager explained this new system had taken some time to develop, and agreed this was needed in order to ensure human error in developing rotas did not impact on people's care. They explained they had introduced systems where rotas were double checked weekly to ensure there were no gaps. Immediately after our visit, the registered manager contacted us with evidence that the new system would be available early in the new year.

The provider checked that staff were suitable to support people before they began working alone with people in their own homes. This minimised risks to people's safety and welfare. For example, recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

People told us they received their medicines as prescribed. One person said, "On the dot every day." Another person commented, "Staff come every morning to give me my tablets." Training records showed staff had received training to enable them to administer medicines safely. They told us their practice was also checked by the manager to ensure they remained competent to do so. One care worker said, "If you make a mistake you are called into the office for a 'staff discussion'. You have to explain why you made an error. Then you agree how you are going to make sure you don't do it again."

People's care records included records of known risks associated with particular medicines, along with clear directions for staff on how best to administer them. We saw people's (Medicinces administration records (MARs) were checked each month by the registered manager for any missing signatures or errors. This procedure was intended to ensure people were given their medicines safely and as prescribed. However, the audit had not always been effective in identifying recording errors. For example, the MAR for one person who was prescribed a particular medicine, did not clearly show the medicine had been given 30 minutes before food or other medicines as per the prescribing instructions, and as per instructions for staff in the person's care records. The registered manager said they were confident this medicine was being administered as prescribed, and felt the issue was that staff were completing the MAR at the end of the care call, rather than when medicine was administered. Immediately following our inspection visit, the registered manager sent us information on how they had dealt with this issue to ensure MARs for 'time sensitive' medication were completed when they were administered, to demonstrate they had been given safely.

Where people were prescribed medicines on a PRN (as required) basis, this was recorded when given in line with the provider's policy, which had been changed to ensure it was in line with best practice guidance.

Good

Is the service effective?

Our findings

People told us staff were well trained and knew how best to support them. One person told us, "They all know what they are doing because they have training."

All staff told us they completed an induction when they started work at the service. This included working alongside an experienced staff member, and completing training the provider considered essential to meet the needs of people living at the home. One staff member said, "No one can start working with customers until they have done their induction and been observed by the management or seniors." Induction also included being assessed for the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The registered manager kept records of the training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. This ensured role specific training was appropriate and effective. Training records showed most training was up to date, and that 100% of staff had attended as required. Where there were gaps, training was booked to ensure staff had the up to date knowledge and skills they needed. Staff were positive about the training they received. One staff member told us, "All the training here has been good for me as a refresher."

Staff told us the training they received gave them the confidence to support people effectively. Talking about training they had attended on supporting people living with dementia, one staff member said, "I've learnt a lot about dementia. You need to try and encourage in a gentle way. You have to listen and take on board what people are going through and understand it is very real for them."

Staff also told us they had the opportunity to develop and progress, which they told us helped them to stay within the organisation. One staff member said, "I really enjoy the training we do. They [Provider] has really helped me, they encourage us to do training. I have just completed my 'train the trainer' and I have asked to do my NVQ 3." Staff also told us they had regular supervision meetings with either the registered manager or the 'care team leader.' Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. Records showed these happened on a regular basis.

Staff told us their knowledge and learning was monitored through a system of individual meetings (supervision) and 'observation checks' on their practice. One care worker said, "I find my one to one meeting really helpful. You can get across anything you need help with or learn about things you need to do better." Records confirmed supervision sessions and observed supervisions were regularly held.

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. In community settings, providers are expected to alert the local authority to any deprivations of liberty that become necessary, so that an application to the Court of Protection can be made to consider whether or not these are justified.

People told us staff asked for their consent before supporting them. One person said, "They ask me about what I want and how I want it done." Another person told us, "They [staff] are very respectful. They never do anything before they have asked me and I have agreed." One care worker told us, "If someone declines care then I would try to find out why. I would ask if it is the way I am doing something and would they like me to do it differently. There is usually a reason. But if they were clear they didn't want my help I would respect that. I would tell the team leader and write it in the notes."

Staff understood and worked within the principles of the Mental Capacity Act. One staff member spoke about the fact that, under the MCA (2005), people must be given every opportunity to understand the decision to be made, and that every effort must be made to help people communicate their decisions. They told us, "I'd report it if I thought there were issues [with people's capacity to make decisions]. On a day to day basis I would speak to people carefully and slowly. I would check things like glasses and hearing aids to make sure they could communicate."

People's care plans included information for staff about the level of support people needed with day to day decision-making. Where it had been identified that people's capacity might fluctuate for example, care plans helped staff to decide what action they should take, and who should be consulted if decisions needed to be made in people's 'best interests'.

The service was not currently supporting anyone who was being deprived of their liberty, but the registered manager understood DoLS and when and how to respond in the event of someone being subject to a deprivation of their liberty. They had established effective links with the local authority and had sought advice and guidance when it was appropriate to do so. For example, there were two people being supported by the service where care staff took measures to keep them safe, which could have been restrictive. Records showed the registered manager had spoken with the local authority, who advised them the measures did not amount to a restriction and that they did not need to apply to have them authorised.

Where the service supported people to maintain food and fluid intake, there was information for staff so they knew how to do this safely and effectively. For example, one person's care plan said, "If [name] declines to eat and drink then the GP must be called and informed of the change in [name's] behaviour. The GP should rule out any physical illness." Another person's care records showed information was shared with healthcare professionals, as had been agreed, so that their food and fluid intake could be monitored and any medical treatment could be adjusted as a result.

Staff told us they supported people to attend health care appointments when needed. One staff member said, "If anyone needs the doctor we make the appointment if they want us to." Entries in daily records showed people had access to a range of health professionals including dentists and doctors.

Good

Is the service caring?

Our findings

People explained staff were caring and kind. One person told us in their opinion all the staff were "wonderful." They added, "I can't fault any of them and [Staff name] is 'absolutely charming'." Another person commented, "They [staff] are always kind, always punctual, always polite, and always helpful."

Staff told us what caring meant to them. One staff member said, "Spending time with people so you can build real genuine relationships." Another commented, "We try to go that extra mile to ensure their [people's] needs are fully met. I do the job to the best of my ability." Staff were supported to support people in a kind and caring way because people's care plans reflected their likes, dislikes and preferences, and were written in a 'personalised' way. This meant staff had information they could use to build up a rapport with people, chatting about shared interests for example. Care plans reminded staff to ensure people were 'in control' of their care and support to ensure they felt comfortable and able to make choices. Care plans also included information staff needed to know in order to help people feel happy and to promote their well-being. For example, one person's care plan said, "[Person's name] requires staff to be patient and kind and give [name] a hug on days when [name] is anxious or worried."

Staff knew people well and we observed them talking and laughing with people and enjoying each other's company in shared spaces within the building. People seemed to be comfortable in the company of staff, and knew the names of staff members.

Staff told us they were allocated sufficient time to carry out care and support calls and had flexibility to stay longer if required. One care worker told this was made possible because staff were based at the service and worked 'as a team'. They said, "I always finish what I am here to do. If I needed to stay longer I would ring one of the other [staff] and ask them to cover my next call so the person wasn't left waiting."

People told us staff always maintained their privacy and dignity. One person explained staff always knocked on their front door and called before entering their flat. Another person said, "All the staff are mindful of my privacy. They knock before coming into the bathroom and always make sure I have a towel so I can cover myself." Staff understood the importance of maintaining people's privacy and dignity. One staff member told us, "There are different ways that we respect customer's privacy and dignity. Things like using a modesty towel, closing curtains and knocking on doors. Simple things like asking family members if they mind leaving the room whilst we help the customer."

People told us they felt cared for, as staff supported them to have choice and control over the support they received. One person said, "Oh yes, the girls always ask me what I would like." Staff also told us how they supported people to make choices. One staff member said, "We make sure people have choices by asking them. It's the way you ask that is important. For example, would you like a drink? What would you like? Instead of would you like a cup of tea?" Staff were supported in this by information in people's care plans. For example, one person's care plan read, "Care staff to purchase [name's] weekly shopping. Ensure the shopping list is completed with [name]. This means [name] is able to make choices."

People were encouraged to be independent. One staff member said, "We let people do the things they are able to do rather than doing things for them. For example, encouraging people to get their own clothes out."

Good

Is the service responsive?

Our findings

People told us they were very satisfied with service provided because the service was reliable, and was provided by staff they knew, and who understood their needs and preferences. One person told us, "I know all the staff and even the newer ones know what I need them to do with me." Another person said, "They are always on time and never leave before everything I need is done."

People were allocated 'keyworkers.' Keyworkers are staff members who are responsible for overseeing people's care and support. This provided people with a consistent named worker who knew them well. A senior care worker manager told us keyworkers had additional practical responsibilities, which included ensuring pull cords in peoples flat were in full working order and all care records were up to date.

People had signed their care plans to confirm they had been involved in planning and agreeing their care and support. Care plans had been written in a personalised and respectful way. All plans included information about people's life history, their likes, dislikes and cultural and religious needs. This meant staff had information to help them support people in the ways they preferred. Care plans detailed people's preferences for how they wanted to be supported and gave staff instructions about what to do on each care call. Records of calls completed by staff confirmed these instructions had been followed. Care plans were reviewed and updated as needed. Staff told us they had time to read care plans. One said, "We always read the care plans. There is so much important information in them and it's how we first learn about what's needed." People told us they were involved in planning and reviewing their care and support. One person told us, "They [management team] arrange to come to my flat and we talk about our care."

Staff told us care plans were updated quickly following any change in circumstances or change in need for people and said this helped them to know how to support people. They also told us they would get a verbal notification of any sudden change in need, in addition to the care plan being updated. There was a 'communication book' in use at the service, where managers and staff would record important information relating to people, often in relation to ongoing health issues, which would be read and discussed by staff as they arrived on shift. Staff knew where this book was and why it was important to read it.

Staff completed daily records at each call with information about the person, their care and any changes to their needs. Staff told us this information was shared through a verbal handover at the start of each shift to ensure staff had the information they needed to support people and respond to any changes in people's physical and emotional needs. One care worker told us," The handover gives us a summary before we start work but everything is also written down in the 'communication book' if you need to go back and check something."

People told us they had never needed to complain, but knew how to, and were confident of the response they would receive if they did. One person said, "If I had a complaint I would talk to [Registered manager's name]. I know they would listen to me and help me." Staff knew how to support people if they wanted to complain. We were told, "Information about how to make a complaint is given to each person when the service starts." Staff told us they would refer any concerns people raised to the service manager. One staff

member commented, "I would always follow it through. Depending what or who the complaint was about would depend on who I reported it to. I would write everything down whilst it was fresh in my mind. This way I am sure I have the facts."

The registered manager kept a record of any complaints and compliments they received. Records showed the few complaints that had been made, were dealt with effectively, according to the provider's policy and procedure, and to the complainants satisfaction. Records also showed information about complaints was analysed so any patterns or trends could be identified and improvements made to the service as a result.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the care provided at Webb Ellis Court. One person told us, "I would sum up the service I receive and the registered manager as "first class." Another person said, "All they want is for you to be happy."

Staff understood their roles and responsibilities and felt supported by the registered manager. Staff told us they enjoyed working at the service. We saw there were regular staff meetings, daily written handovers and staff were provided with regular supervision meetings, which meant they had opportunities to share information. Staff told us the manager and senior staff were approachable, with one saying, "The manager is lovely. She is firm but fair." Another staff member described the management team as "approachable and supportive." They added, "They are always there when you need them."

One staff member commented, "Team meetings are good. You can talk about your ideas or worries." Another staff member told us they had suggested introducing a form which staff could use as an 'additional check' whilst supporting one person whose medicine dose varied. They added, "[Registered manager's name] though it was a good idea so we introduced the form. We had a hiccup at first but now it is working well."

The manager was aware of their responsibilities as a 'registered' manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues, such as the local authority, appropriately. The registered manager was aware of the achievements and the challenges which faced the service. They told us they were working hard to improve the service provided to people, and they wanted to be 'the best.' They commented, "Everything we do is for a better experience for our customers from the top down."

Records showed the provider worked with the manager to develop and use a 'continuous improvement tool' to plan for and track improvements within the service. We also saw that the registered manager used a 'compliance tracker' to check that fundamental aspects of care provision were up to date, including care records, risk assessments, and consent to care, for example. The tracker also monitored areas such as staff training, DBS checks, observations and staff competency spot checks to check they were up to date.

There was a system in place to monitor the quality of service. This included regular meetings between the registered manager and the provider. Issues identified resulted in actions for the manager and staff, which were assigned to a responsible person, timescales for completion were recorded, and we saw that these were looked at again at the next provider audit. We saw that action was taken where improvements were required. For example, a provider audit completed this year had issued the registered manager with requirements to make care plans more personalised, and to ensure all MAR sheets were fully completed. We saw that these messages were shared with staff at staff meetings, in one to one supervision meetings, and were included in regular written 'communications to staff', which staff were asked to read and sign.

The registered manager told us they had recently introduced a 'staff newsletter'. They told us, "This is a

really good way of getting staff's attention." We saw the newsletter for December shared information about a range of issues including staff recruitment, staff leave and health and safety checks.

The provider looked for ways to continually improve the service it provided. One of the methods the provider used was to annually survey people using its services, their relatives and staff to get their views on the service provided. Records showed that people who completed the previous survey were positive about the provider, and said they were likely to recommend the service to friends. People who used the service were also asked for their views through regular 'service quality checks'. Records showed people had the chance to say what they thought of the service as a whole, as well as to comment on their own care. For example, one of these checks had identified that the person was at risk of poor nutrition due to their poor appetite. Records showed action was taken to monitor their food intake and, with the person's agreement, to pass this information on to medical professionals so they could be kept safe and well.