

Housing & Care 21

Housing & Care 21 - Knaves Court

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

The inspection took place on 10 and 11 August 2016 and was announced. At the last inspection completed 2 September 2014 the provider was meeting all of the legal requirements we looked at.

Knaves Court is an extra care housing scheme that provides accommodation and care. The service is registered with CQC to provide personal care to people living at the scheme. At the time of the inspection there were 37 people using the service who received personal care from the provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always supported by consistently effective medicines management systems. Staff members knew how to recognise and report allegations of abuse. People were protected by effective risk management systems. People were supported by sufficient numbers of staff to keep them safe. Staff members were recruited safely to ensure they were appropriate to work in their role.

People were enabled to consent to their care and support. People were cared for by staff who had the skills to support them effectively. People were supported to meet their nutritional and day to day health needs.

People were supported by a staff team who were caring in their approach and understood their needs. People were enabled to make day to day choices about their care. People's privacy, dignity and independence were promoted and they were treated with respect. People were supported to maintain important relationships with friends and relatives.

People and their representatives were involved in planning and reviewing their care. The care people received met their needs and preferences. People were supported to take part in leisure opportunities. People told us they knew how to complain and felt confident their concerns would be addressed by management.

People told us the service was well-led and they felt supported by the staff and management team. People were supported by a committed, motivated staff team. Quality assurance checks were completed across the service to identify areas for improvement and further develop the service provided to people. Where improvements were identified in the quality assurance process the registered manager began to take action straight way to resolve these concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People's medicines were not always managed effectively. Staff were able to recognise signs of potential abuse. People were protected by effective risk management practices that reduced the risk of potential harm. Sufficient numbers of staff were in place who had been recruited safely.

Is the service effective?

Good ●

The service was not consistently effective.

People were enabled to consent to the care they received. They were supported by a staff team who had the skills to care for them effectively. People's nutritional and day to day health needs were met.

Is the service caring?

Good ●

The service was caring

People were supported by a staff team who were kind and caring in their approach. Staff protected people's privacy and promoted dignity and independence. People were supported to make day to day choices about their care.

Is the service responsive?

Good ●

The service was responsive

People received care and support that met their needs and preferences. People were involved in the development and review of their care plans. People felt able to complain if required and felt their concerns were heard and responded to appropriately.

Is the service well-led?

Good ●

The service was well-led

Quality assurance checks were completed to identify areas for improvement. People felt the service was well managed. They

felt listened to and heard by managers. People were supported by a staff team who were motivated and committed.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 August 2016 and was announced. We gave the provider 48 hours' notice of the inspection. This is because we needed the provider to obtain consent from people who used the service that they were happy to share their experiences with us about their care. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document that we ask providers to complete to provide information about the service. We used this information to help us plan our inspection.

During the inspection we spoke with 10 people who lived at the service. Eight of these people used the service for personal care. We spoke with eight relatives of people who received personal care. We spoke with the registered manager and six members of staff including care staff and senior care staff. We reviewed records relating to people's medicines, four people's care records and records relating to the management of the service; including recruitment, complaints and quality assurance records. We carried out observations regarding the quality of care people received.

Is the service safe?

Our findings

People told us they were happy with the support they received with their medicines. We saw some good examples of medicines administration and management. We saw guidelines were in place to outline where on the body people required any prescribed creams to be applied. We also saw where people required medicines to be administered in a specific way; for example only once per week or where patches needed to be placed on different areas of the body, these medicines were given as prescribed. Where people received medicines that needed to be administered on a regular, routine basis, these were given to people as prescribed.

Where people required medicines to be administered on an 'as required' basis, systems were not in place to ensure these medicines were administered as needed. Some people had not received their 'as required' medicine. The management team were not always able to confirm which medicines needed to be administered on an 'as required' basis. There were not sufficient guidelines available to staff to assist them in understanding when people may need these medicines. Some staff members had a good knowledge of how 'as required' medicines should be administered and they could describe specific signs that would indicate someone needed their medicines. However, this was not consistent across the staff team. Some staff members did not have a good knowledge of how to manage these 'as required' medicines. The staff and management team were not able to confirm everyone had received their 'as required' medicines in line with their individual needs.

People told us they felt safe with staff team and living at the service. One person told us, "You feel safe here". They told us, "[Staff] ask if you've got any problems. They talk to you. You always feel like there's someone there". Staff we spoke with were able to describe signs of potential abuse and how they would report any concerns. Staff knew how to 'whistle blow' if this was required. Whistle blowing is when staff members would contact an external organisation such as the local safeguarding authority or CQC in order to report concerns about people. The registered manager had reported concerns to the local safeguarding authority to ensure plans were put in place to protect people from harm. The local safeguarding authority is the lead body responsible for investigating any safeguarding concerns. We did identify a concern had not been reported to the local safeguarding authority. The registered manager had taken steps to ensure the person was not at risk of any immediate harm. However, they had failed to report the concerns in line with their policies and local safeguarding procedures. The registered manager provided assurances that all concerns would be reported without delay in the future.

People told us that staff knew the potential hazards to them and protected them against these risks. One person told us how the 'in-house' call system helped to reduce the risks to them and keep them safe. They told us, "If you're taken ill in the night you've only got to press your buzzer", "You press your button and they come". A relative told us, "Knave's Court gives me peace of mind because I know she is in safe hands." Staff we spoke with could describe the potential risks to people and how to manage these risks to keep them safe. Staff could describe some of the equipment used to reduce the risk of injury to people and how this equipment should be used safely. For example, equipment to support people move safely. We saw the potential risks to people were outlined in their care plans and risk assessments and this information

reflected what people and staff told us. Accidents and incidents were recorded and we found the registered manager reviewed this information in order to identify ways they could further protect people. The registered manager was aware of people who had experienced a high number of accidents and steps were being taken to reassess their needs. People were protected by a staff team who understood the risks to them and how to keep them safe from harm.

We looked at how the provider recruited staff to ensure they were appropriate for their role. We saw that a range of pre-employment checks were completed including an interview, reference checks and a check on the staff member's potential criminal history. We saw all checks were completed prior to a staff member starting work at the service. People were protected by safe recruitment processes that ensured staff were suitable for the roles they were recruited for.

People told us sufficient numbers of staff were in place to meet their needs. We were told by people when they called staff for assistance they always arrived promptly. Staff told us the allocation of staff members had improved and this had helped with staff arriving to care visits on time. Sufficient numbers of staff ensured people's care needs were met.

Is the service effective?

Our findings

People told us they felt care staff had the skills required to support them effectively. Relatives we spoke with also shared this view. One relative told us, "The quality of care here is fantastic". Another relative told us, "They are brilliant with my [relative]". A third relative said, "The care staff are brilliant". Staff we spoke with told us they also felt the staff team had the right skills. One staff member said, "I think we have a good staff team. Staff told us they had access to effective training. A staff member told us, "It's one of [the provider's] 'musts'", they said, "We do a lot of training". We saw this reflected in staff training records. The registered manager outlined in their Provider Information Return (PIR) how they provided specific 'in-house' training on particular topics. Staff confirmed this took place and we saw this demonstrated, for example with staff member's knowledge around the Mental Capacity Act 2005 (MCA). Staff told us they received the support they needed to be effective in their roles. They told us they had regular one to one meetings with their line manager and could seek advice or support when it was needed. One staff member told us, "If I ever need any advice I can talk to [managers]". People were supported by a staff team who received effective training and support.

Most people told us they prepared their own food and drink or they used the restaurant based in the building. However, some people confirmed they did receive support with food and drink from care staff and were happy with this support. One person told us, "I have plenty to eat and drink every day". A second person told us care staff were flexible and would fetch them food from the restaurant if they wanted something not available in their home. They told us, "If I say I fancy a bacon and egg sandwich they go and fetch it for me". We saw care plans reflected people's dietary needs and staff were aware of these needs. For example, where people required a special diet due to health conditions such as diabetes. People were supported effectively to meet their nutritional needs.

People told us they were supported to access healthcare professionals when required. They told us care staff supported them to maintain good health. One person told us, "I am very happy here and my health is getting much better". Relatives also supported this view and told us staff did not hesitate to obtain medical assistance for people if it was needed. Staff we spoke with told us communication systems used by the staff and management team helped them to support people's health effectively. They described systems where they could highlight concerns about people's health for the next staff team on shift to monitor. This enabled them to seek medical assistance for people promptly if required. People were supported to maintain their day to day health needs.

People who had the capacity to provide consent to their own care were enabled to do so. Staff we spoke with could describe how they would seek consent from people prior to providing care and support to them. 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. We found where people lacked the capacity to make decisions or provide consent, staff had considered this capacity and were making decisions on people's behalf in their best interests.

Care staff we spoke with had a good understanding of the basic principles of the MCA. They told us senior care staff had worked with them to provide specific training on the Act. Care staff were not always certain how to apply aspects of the MCA in their work, however, they knew to refer issues to senior care staff and the registered manager. The senior care staff and the registered manager took the steps required under the MCA to ensure people's capacity to consent to their care was considered. We saw they made decisions in people's best interests. We found the quality of the recording of the assessments of people's capacity and decisions made on their behalf was not consistent across all care plans. The registered manager told us they would make adjustments to their processes and recording to ensure they were following all of the requirements of the MCA. People were however supported to consent to their care where possible and decisions were being made in people's best interests.

Is the service caring?

Our findings

People told us care staff were kind and caring towards them. One person said, "They are all very kind and gentle". Another person said, "They're so helpful. They're kind and considerate." Relatives we spoke with also supported this view. One relative told us, "There's not a bad one amongst them." People also told us care staff took time to talk with them and made them feel valued. One person said, "They always find time to chat with me". A second person said, "The nicest part for me is that I know I am never on my own. I love it here. It is heaven." Staff we spoke with told us how they understood the importance of making people feel important and supporting them in a caring way. One staff member told us, "The highlight of my job is to make people smile and laugh". Another told us, "It's treating [people] as a valued person and not just a name". They said, "I always think it could be my Mom, Dad or Nan and how would I want them treated".

People told us they were given choices about their day to day care. One person told us about the choices given to them by staff, for example in what they wanted to do, what they wanted to wear and what they wanted to eat. They also told us, "[Care staff] always ask if there's anything else I want doing". Staff told us how they offered choices to people and why they felt this was important when supporting them. One staff member said, "Different people have different personalities". Another staff member said they, "Explain what you're doing and give them choices. Relatives confirmed to us they felt people were given choices. One relative told us how care staff supported their family member to go to bed at the time of their choosing. They told us how care staff had to reschedule care visits in order to accommodate their choices. Another relative told us care staff spent a lot of time with their family member supporting their choices. They told us this person was very particular about their choices of clothes and jewellery so this approach by care staff was important to them. We were also given an example by this relative of how staff knew how to communicate choices in a certain way so they were understood by the person. For example, they said care staff knew to offer lunch choices only shortly prior to the meal time to ensure the person could remember the choice they made when their meal arrived.

We looked at how people's privacy and dignity were protected by care staff. People told us care staff supported them in a dignified way and respected their privacy. Relatives also gave us examples of how their family member's dignity was protected. One relative told us how care staff would be discreet when their family member when providing personal care. They spoke of how these steps helped the person feel comfortable and protected their dignity. Staff we spoke with were able to describe how they would support people in a dignified way and respect their privacy. One staff member told us, "We're going into people's homes and we need to respect that". They gave examples of how they would close doors, close curtains and cover people with a towel or a blanket during personal care. We saw the registered manager promoted a Dignity Charter within the service and encouraged care staff to register as 'Dignity Champions'. This demonstrates the staff and management team's commitment to providing dignified care.

People were also supported in a way that promoted their independence. One staff member told us how a strength of the service was, "Empowering people to be independent". We saw people's care plans outlined ways in which care staff could help with promoting people's independence. For example, encouraging them to do as much for themselves as possible. Relatives we spoke with confirmed independence was promoted

well by care staff. One relative told us how care staff had worked hard with their family member to promote their independence by encouraging them to independently use a walking frame. We also saw people's relatives were involved in their care where it was appropriate to do so and where people wanted this. People were supported to maintain relationships with those people important to them and staff encouraged relative's involvement in care where appropriate.

Is the service responsive?

Our findings

People told us they received care and support that met their needs and preferences. One person told us the care had been so effective that, "My life has changed altogether since being here". A relative told us, "The care [my family member] has received at Knaves Court has made [them] really happy." We were told how specific preferences were built into people's care plans. For example, one person told us, they liked to have a bath once a fortnight so this was part of their care plan. People told us they were aware of their care plan and had been involved in its development. Where people did not have the mental capacity to develop their own care plan we saw an appropriate representative had been consulted to ensure the persons preferences were known. We saw people's preferences were included in care plans including every day details such as whether they liked to have windows open or closed or have the television on or off when care staff left them. Care staff we spoke with knew people's needs and understood the content of their care plans. One staff member said, "They are [care plans] the most thorough I've seen".

People told us care staff reviewed care plans regularly and made updates to both the care provided and the care plan when this was needed. Staff told us, "If there are any concerns or new equipment there'll be an update [to the care plan]". Relatives told us care staff ensured there was flexibility in the development of care plans to ensure people's needs were met effectively. Staff told us how care plans were reviewed monthly and we these reviews were documented. We saw people were involved in the review of their care and care plans were updated regularly.

People's personal interests were respected by care staff. We saw care plans contained a brief 'life history' about people and care staff we spoke with knew people well. We were told by people and care staff that support was provided to assist people in accessing entertainment and social events held in communal areas within the service. Staff told us how they used information about people to support them more effectively. For example, one staff member said that this information had helped them to understand their communication needs better, therefore they had adapted an activity to enable the person to fully participate.

Most people told us they had not needed to raise a complaint but they felt able to make a complaint if it was required. They told us they felt listened to and their concerns were responded to by managers. One person told us, "There's nothing to complain over". They also told us, "[Staff] listen to you. You know there's always someone there." The registered manager told us in their Provider Information Return (PIR) that they investigated any complaints received. We looked at the records of complaints held and saw these investigations had been completed. We found complaints were recorded and responded to in an appropriate way.

People told us they were asked for their views and opinions about the service. We saw the registered manager was proactive in actively seeking feedback from people about the service. For example, we saw people had raised concerns about the continuity of the care staff they received. This concern was immediately addressed by the registered manager and had been resolved. We saw the results of surveys were analysed and steps were taken to make improvements in the service provided. This showed people's

views and opinions were sought in order to identify potential complaints.

Is the service well-led?

Our findings

People told us the management team were good and the service they received was excellent. One person spoke about managers and told us, "They're superb". Another person told us, "Knaves Court is very well managed". A third person said, "Everything about this place is exceptional – the food, the games, the entertainment and the carers". Relatives also supported this view and told us managers were, "Very kind, approachable and supportive". People told us they felt involved in the service and that their views were heard by management. We saw the registered manager had proactively tried to involve people in meetings about the service. We saw in the minutes of meetings people had been asked to contribute ideas and a suggestions box had been introduced. People were supported by a management team who were committed to them and valued their contribution to the service.

We saw the registered manager was proactive in seeking feedback and views about the service from people. The registered manager used this feedback to make improvements. We saw in a recent satisfaction survey people had raised a concern about the continuity of care staff. The registered manager had recognised this concern and took immediate action to make the required improvements to the service. We saw a simple, easy to read, survey had been introduced by the registered manager that acted as a 'spot check' on particular care visits. The format at this survey made it accessible to a wide range of people. We saw feedback was mostly positive so the registered manager used this feedback to reinforce good practice. We also saw the registered manager had begun to obtain feedback from professionals such as nurses and physiotherapists. Again, most comments about the service were positive and were used to reinforce good practice. Examples were ensuring good communication and concise information in care plans. People were supported by a registered manager who was committed to best practice in care, seeking feedback and making improvements to the service.

Staff we spoke with also told us they felt the management of the service was good. Staff told us the registered manager had developed a committed and motivated staff team. One staff member told us, "I think we've got a good team. Very approachable." They told us managers were approachable and listened to their concerns. A second staff member told us, "If I report a concern of an issue (to management) it's dealt with." A third staff member told us, "There is that open thing that you can go to your manager and talk to them". We saw managers supported staff. Where there were any concerns about staff conduct or performance, they completed investigations and took appropriate action where necessary. This included providing additional support and training if required. Staff were involved in meetings and were encouraged to share their views and opinions. We saw the registered manager encouraged staff to get involved in outside initiatives such as dignity champions, dementia friends and they made nominations for the Great British Care Awards. One staff member who had been nominated for an award told us they appreciated the recognition of their work within the service. People were cared for by a staff team who were motivated and supported by management to be effective in their roles.

We looked at the registered manager's understanding of their legal responsibilities. We saw they had previously reported concerns to the local safeguarding authority and had submitted notifications to CQC. A notification is when the registered manager informs CQC of serious incidents such as serious injuries or

safeguarding allegations. The registered manager had submitted a PIR to CQC when requested in advance of the inspection. Their PIR demonstrated they understood where certain areas of improvement were required within the service.

We looked at how the registered manager and provider completed quality assurance checks in order to identify issues and areas of improvement needed within the service. The registered manager told us in their PIR that monthly audits were completed. We found monthly audits were completed in a range of areas within the service by senior care staff. The registered manager also completed monthly samples of these audits to check the overall quality of the service. We saw the registered manager identified actions required to improve the service provided to people and they checked these actions had been completed. We did however identify that while the audits had identified areas of improvements within the service there were instances where auditing systems had not identified all of the issues requiring attention. The registered manager acknowledged these shortfalls and began to make immediate improvements to the auditing systems.