

## Housing & Care 21

# Housing & Care 21 - Winehala Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 20, 21 and 22 July and was announced. At the last inspection completed on 17 March 2014 the provider was meeting all of the legal requirements we looked at.

Winehala Court is a extra care housing scheme that provides accommodation and care for up to 60 people. As part of the scheme the service is registered with CQC to provide personal care to people living at the scheme. At the time of the inspection there were 38 people using the service for support with personal care. 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 protected by a staff and management team who knew how to recognise and report potential signs of abuse. Staff understood the potential risks to people's safety and knew how to reduce the risk of harm to people. People were supported by sufficient numbers of care staff who had been recruited safely for their roles.

People were protected by medicines management systems that had recently been improved. However, some improvements were still required to ensure people received their medicines as prescribed.

Where people lacked the capacity to make decisions about, or consent to their care, decisions were not always made in line with the Mental Capacity Act 2005 (MCA) and in people's best interests. People were supported by staff who had the skills to support them effectively in most areas of their care. Training in the MCA was not sufficient to give staff or managers the knowledge required to protect people's rights. People were supported to meet their nutritional needs effectively. People were supported to meet their 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 and this was reflected in their care plan. 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 spoke highly of the management of the service and felt well supported and listened to. People were supported by a committed, motivated staff team who felt supported by the registered manager. Quality assurance checks were completed across the service to identify areas for improvement and further develop

the service provided to people.

## 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 were protected by medicines management systems that had recently been improved. However, some improvements were still required to ensure people received their medicines as prescribed.

People were protected by a staff and management team who knew how to recognise and report potential signs of abuse. Staff understood the potential risks to people's safety and knew how to reduce the risk of harm to people. People were supported by sufficient numbers of care staff who had been recruited safely for their roles.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective

Where people lacked the capacity to make decisions about or consent to their care, decisions were not always made in line with the Mental Capacity Act 2005 (MCA) and in people's best interests. Training in the MCA was not sufficient to give staff or managers the knowledge required to protect people's rights.

People were supported by staff who had the skills to support them effectively in most areas of their care. People were supported to meet their nutritional needs effectively. People were supported to meet their day to day health needs.

### Is the service caring?

**Good** ●

The service was caring

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.

### Is the service responsive?

**Good** ●

The service was responsive

People and their representatives were involved in planning and reviewing their care. The care people received met their needs and preferences and this was reflected in their care plan. 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.

### **Is the service well-led?**

The service was well-led

People spoke highly of the management of the service and felt well supported and listened to. People were supported by a committed, motivated staff team who felt supported by the registered manager. Quality assurance checks were completed across the service to identify areas for improvement and further develop the service provided to people.

**Good** ●

# Housing & Care 21 - Winehala 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.

This inspection took place on 20 and 21 July 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 using the service that they were happy to share with us their experiences 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 eight people who used the service and three relatives. We spoke with the registered manager, the care team leader and five members of care staff. We also spoke with one visiting healthcare professional. We reviewed records relating to people's medicines, six people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance. We carried out observations across the service regarding the quality of care people received.

## Is the service safe?

### Our findings

People we spoke with told us they were happy with support provided by staff with their medicines. One person told us, "No problems at all with medication". Staff told us a new medicines management system had been introduced which had helped to decrease the number of medicines errors in the service. We saw some good practice around the management and recording of people's medicines. We were also told by relatives that staff provided appropriate support where issues with medicines were identified. For example, one person was refusing their pain relief medicine and staff were seeking advice from the person's doctor around alternative forms of the medicine. We did see several refusals of people's medicine that were not escalated to managers promptly. We saw that where some people had refused their medicines, these concerns had not been reported to management or advice sought from a healthcare professional where appropriate. The registered manager and the care team leader told us there were certain people where refusals were dealt with immediately. They confirmed where prior issues with refusals were known this was monitored, however, there was no robust system in place for dealing with refusals for all people at the service. We were told that refusals should be identified during weekly checks of medicines administration records (MARs). However, we saw examples where these concerns had not been identified and people's capacity or the importance of the medicines to people's health had not been fully considered. We also saw that instructions to staff were not clear when people needed 'as required' medicines. Staff we spoke with were however able to describe when to give people these medicines. We saw a new medicines policy had been introduced by the provider that addressed the areas of improvement required, however this had not yet been fully implemented within the service. The registered manager advised they would review the medicines management system and make the required improvements immediately.

People told us they felt safe living at the service. One person told us, "I am very safe here". Staff we spoke with could describe how to recognise and report signs of potential abuse. The registered manager and their management team also understood how to recognise and report potential abuse. We saw where concerns had been raised about people they had been reported to the local safeguarding authority as required by law. People were protected by a staff team who knew how to recognise potential concerns about their safety and well-being and took action to safeguard them from harm.

We looked at how the provider recruited staff members to ensure they were suitable to work with the people who lived at the service. We found safe recruitment practices were in place that included a face to face interview and pre-employment checks. These were completed before staff members started work. We found checks completed included the staff member's employment history, references and a check on their potential criminal history. People were supported by suitable members of staff due to safe recruitment practices.

People told us there were sufficient numbers of staff who worked in the service to keep them safe. They told us the number of available staff allowed staff members to be responsive to their needs. One person told us, "I feel very safe as I only have to press my call button and they are here". Relatives told us there were sufficient numbers of staff available. They also told us they felt care staff were used effectively in the service. One relative told us, "They put the care where it's really needed". Staff told us they felt there were sufficient

care staff available for people and that rota's were scheduled to ensure a manager or senior carer was always available to provide additional support when needed. People were supported by a staffing structure that enabled sufficient staff members to be available to meet their needs.

People's relatives told us they felt staff understood the risks to their family members well. They told us about steps staff members took to reduce identified risks to people. One relative told us, "They use a hoist a lot so it reduces the risk of her falling". Another relative told us about issues their family member had with a catheter. They told us staff were able to identify concerns and reported them promptly, therefore they felt the risk was managed well. Staff we spoke with could describe potential risks to people and the steps they took to manage these risks. For example, they could describe how they managed risks to people due to their pressure ulcers or diabetes. We saw risk assessments in place in people's care plans although they did not always contain the steps staff members were completing. The registered manager told us they would ensure these risk assessments were reviewed immediately. We saw accidents and incidents were recorded and reviewed by managers. Managers had completed investigations where necessary and took steps to make improvements and reduce risks to people. People were protected by a staff team who understood the risks to them and the steps required to reduce the risk of potential harm.

## Is the service effective?

### Our findings

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 saw some care plans identified there was a reduction in some people's capacity to make decisions about their care. For example, in understanding their medicines. We saw where issues around people's capacity had been identified their capacity had not been assessed in line with the MCA and decisions were not being made in their best interests. Some people with reduced capacity were refusing medicines and action had not been taken. Their capacity had not been assessed and staff had not established if decisions made on their behalf were in their best interests. This could have resulted in people not receiving medicines required to support their health. One person's care plan outlined staff were making all day to day decisions on behalf of them. However, we found their capacity had not been assessed and staff had not established if decisions made on their behalf were in their best interests in line with the requirements of the MCA. We looked at the training staff had received in the MCA and found there had not been specific training completed in this area. The registered manager told us MCA had been covered in courses for Dementia and Mental Health. Staff members we spoke with and the registered manager did not have the required knowledge about how to meet the requirements of the MCA. This told us the training provided had not been sufficient. Decisions made on behalf of people who lacked capacity were not made in line with the MCA, therefore protect people's rights were not always protected.

Where people had capacity they were supported to make decisions and to provide consent. Staff we spoke with understood how to obtain consent when people had the capacity to make their own decisions. One staff member said "We wouldn't just take over and do things for people". We saw this practice reflected in the care we observed and in people's care plans.

People told us they felt staff members were well trained and had the skills required to support them well. One person told us, "They (care staff) are fantastic... very well trained". Another person told us, "The carers know what they are doing". Staff we spoke with told us training was, "Brilliant". One staff member told us they felt training was accessible and was delivered in a format they understood and could implement in the roles. We found care staff to have the required skills and knowledge to support people effectively, with the only exception being knowledge of the MCA. Staff told us they were well supported by managers and had regular one to one meetings with their line manager. Staff told us there was always additional support available when they needed it. One staff member told us, "If you're uncertain about anything you can just come down (to managers)". We saw managers identified areas of weakness in the service and provided additional training. For example, concerns had been identified in medicines management and additional workshops had been completed. One staff member told us, "We've had loads of medicine training". People were supported by a staff team with the skills to support them effectively.

Most people told us they catered for their own nutritional and hydration needs or used the restaurant based in the building. One relative told us care staff provided support when family members are not present. They

told us the support provided by staff was very good and care staff always ensured the person had sufficient fluids. One relative told us specialist support with one person's nutritional needs had been sought from speech and language therapists (SALT) due to issues with the person swallowing. This feedback from relatives was reflected in people's care plans and care records. People were supported effectively to meet their nutritional needs.

People told us they were supported to access healthcare professionals when required. One person told us, "They will call the doctor if I am not well and can't get to the surgery". A relative told us, "If [person] is not well they call the doctor. Recently [person] was quite ill with an infection and they called an ambulance". We saw staff members supported people to go to the doctor when families were not available to provide this support. On the day of the inspection one person was receiving support from staff to get to their doctor. We spoke to a visiting healthcare professional who told us staff were very good within the service at recognising and promoting people's health needs. People were supported to maintain their day to day health needs.

## Is the service caring?

### Our findings

People told us care staff were kind and caring towards them. They told us care staff took time to support them patiently and spent time talking with them. One person told us, "I can't fault them. They are lovely." Another person told us, "They sit and talk which I appreciate as it can get a bit lonely". Relatives also told us care staff were kind and caring. One relative said, "They've been wonderful". Another said, "The staff are very nice and they give us peace of mind". We saw some care staff interacting with people at the service and we saw these interactions were caring. Care staff we spoke with knew people well. Relatives told us care staff did extra tasks for them that demonstrated how caring staff were. One relative told us they had been supported to make links to charities that could provide additional support. They also told us care staff brought in fresh flowers for their relative. People were supported by a care team who were kind and caring in their approach.

People told us staff supported them to make choices about their day to day care. One person told us how staff asked them if they wanted to shower before they provided support. Staff we spoke with were able to provide examples of how they gave choices to people. They recognised that choices in all aspects of people's care were important. For example, if people wanted sugar in their tea and what they wanted to wear each day. People were supported to make choices about the care and support they received.

Staff told us they recognised the importance of promoting people's independence while still continuing to respect their choices. One staff member gave us an example of one person who they encouraged to be as independent as possible, despite this person sometimes being reluctant to complete certain tasks. Staff told us they would consider people's individual capabilities and the risks to them while trying to encourage people to do as much as possible for themselves. The registered manager also told us about one person whose care package had been reduced due to the care staff's success in promoting their independence. People were encouraged to live as independently as possible.

People told us their privacy and dignity was promoted and staff treated them in a respectful way. One person told us, "They always knock on the door and call out before coming in". Another person told us, "They are very respectful when they help me shower and dress". A third person said, "They speak to me in a respectful way, but still friendly". Staff we spoke with were able to explain how they protect people's privacy and dignity and this was reflected in what we saw and what we were told. People's privacy and dignity was promoted by care staff.

People's relatives were involved in their care where it was appropriate to do so and where people wanted this. Relatives told us they had good relationships with care staff and communication was good. One relative told us, "They (staff) keep us informed of anything happening and we know them all well". We saw examples of involvement with relatives during the inspection and care staff were respectful of family members. People were supported to maintain relationships with those people important to them and staff encouraged relatives 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, "They (care staff) do everything I ask of them. They even take my rubbish out for me". People told us they knew about their care plan and had been involved in its development. One person told us, "Yes I have a care plan and I'm involved in it". Another person told us, "I have a care plan and it changes if I need more care". Relatives told us they were fully involved in care plans where required. We were told by both people and their relatives that care plans were regularly reviewed and the care delivered was amended when people's needs changed. Staff we spoke with were able to describe people's needs and also told us they felt care plans were kept relevant and up to date. We saw during the inspection that care staff regularly accessed and updated care plans and care records. Care plans we looked at were up to date and where people's needs had changed significantly, short term care plans were in place while their needs were reassessed. People's care and support needs were met and care plans reflected the care people received.

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 care staff that relatives mainly arranged for people's spiritual needs to be met, however, the registered manager confirmed this support was provided by staff when required. Care staff we spoke with understood the importance of respecting people's religious needs and understood how to respect specific religious preferences, for example, during food preparation. People told us they were supported to socialise by care staff when they wanted this supported. We were told by people and care staff support was provided to assist people in accessing entertainment and social events held in communal areas within the service. People's preferences were respected and people were supported to access leisure activities when this was required.

People told us they had not had the need to raise a complaint. One person told us, "I have no complaints at all. I would tell them if I had". Another person told us, "I have no reason to complain, they are very good". Staff we spoke with knew what to do if they received a complaint. We saw where complaints had been received, the registered manager recorded the concerns and the outcome to any investigations completed. People's complaints were recorded and responded to appropriately by the registered manager.

We looked at how the registered manager proactively sought people's views and opinions about the service in order to make any required improvements. We saw that feedback surveys were completed with people and their relatives at regular intervals. We saw that managers had considered ways in which to make these surveys more accessible to people who may not be able to complete a questionnaire by speaking to people to obtain their views. Managers were proactive in seeking people's views and complaints in order to make improvements to the service.

## Is the service well-led?

### Our findings

People were happy with the service provided by the staff and management team at Winehala Court. When asked if anything could be done better, one person said "Nothing could be done better. I wouldn't change a thing." People told us they felt the management team were accessible in the service. One person told us, "[The registered manager] is there if I need her". A relative told us, "[The registered manager] is very helpful. Nothing is too much trouble and her door is always open". Relatives told us they felt involved in the service and their views were heard and acted upon. People felt the culture in the service was open and the registered manager was available when they needed them. People's views were heard by managers and we saw the registered manager and their team worked to obtain feedback from people about the service in order to make any required improvements.

Staff members told us they felt well supported by the management team. One staff member told us, "I think it's brilliant! Any issues are sorted out quickly". Another staff member told us, "I like my seniors and I like my manager. They're always there to support you." Staff members told us they felt the registered manager had developed a strong staff team who worked well together. A staff member told us, "The staff are brilliant. We all work together. We've got a good team." They told us, "I love coming to work. It's the support from the managers and the staff team." We saw staff meetings were held during which concerns and issues could be discussed openly. People were supported by a staff team who were motivated and well supported.

Staff told us while they were well supported, the management team ensured they understood their roles and responsibilities. One member of staff told us, "Staff know where they stand". We saw where the managers had concerns about staff member's conduct or performance, investigations were completed and action was taken as necessary. This could result in informal meetings, disciplinary action or further training and support provided to staff members. Staff received the required support to be effective in their roles.

We looked at the registered manager and provider's quality assurance systems and saw a range of quality checks and audits were in place. We saw the registered manager had already taken action in some of the areas of concern we identified during the inspection as a result of their quality assurance processes. For example, we found improvements had been made to the medicines management system and further staff training had been provided in this area. As a result while the registered manager had not yet fully resolved the concerns we identified they had made significant improvements in the area of medicines management. We saw the provider completed internal audits in addition to the registered manager and the management team. As a result of some of the provider audits the registered manager had made some improvements to their own internal auditing processes. For example, they had begun to identify actions and 'lessons learned' as a result of their analysis of accidents and incidents. The registered manager was not reviewing accidents and incidents for any trends across the service, however, they told us they would be looking at these further developments to the quality assurance systems immediately following the inspection. Quality assurance and governance systems were in place and were identifying areas of improvement within the service. The registered manager recognised the need for further development of these systems and this work was in progress.