

# The Baker's Benevolent Society

## Bakers' Villas

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place 02 August 2016 and was announced.

The inspection was carried out by one inspector.

Bakers' Villas is a domiciliary care service that is registered to provide personal care. The service is provided to people living in sheltered accommodation owned by the Bakers Benevolent Society. People can be supported by 'in-house' care workers employed by the service. This domiciliary care service enables people to continue living independently in their own flat or bungalow within the complex. At the time of the inspection 6 people were using the service.

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 felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report them, protecting people from avoidable harm and abuse.

People had risk assessments in place to enable them to be as independent as they could be whilst being kept safe.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service to ensure staff employed were suitable for the role.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Some people administered their own medication.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions and annual appraisals. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people and had signed consent within their care plans. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were able to make choices about the food and drink they had, and staff gave support when required.

There was an onsite restaurant for people to use if they chose to.

People were supported to access a variety of additional health professionals when required. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to additional health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

# Bakers' Villas

## **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 02 August 2016 and was announced.

We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was carried out by one inspector.

Before the inspection we checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in October 2013.

We spoke with two people who used the service, the registered manager, a senior care staff and two care staff.

We reviewed three people's care records, three medication records, six staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People told us they felt safe, one person who used the service said, "Oh yes, I know I am safe here, and the staff are always on hand."

People were kept safe from avoidable harm and abuse by staff who had attended safeguarding training. They were able to explain the signs and symptoms of what would raise their suspicions to someone possibly being abused in any way and what they would do to report it. One staff member said, "I would go straight to [name of registered manager]." Another said, "We can also go to a member of the trustee board." Within the office was a flow chart describing the actions to take should a suspected incident of abuse occur.

Each person who used the service had keys to their own flat or bungalow so they could keep the door locked when they went out or when they wished. The registered manager told us that all of the outside doors to the blocks of flats were locked at night. Everyone who lived at the complex had keys to gain entry at any time. This showed people were protected from strangers accessing the flats. Every flat or bungalow had a call system for people to call for staff if they needed them. Some people who used the service had call pendants which they wore around their necks so they could call for assistance wherever they were. This ensured help could be gained at any time.

Within care plans we viewed, we found each person who used the service had risk assessments in place. These were for a variety of risks including; moving and handling and nutrition. Risk assessments were in place to assist staff in keeping people safe whilst promoting independence. Staff told us they were reviewed when a person's needs changed.

The registered manager told us that as the complex had a number of separate blocks, if there was a need for total evacuation people could move into another block for safety. Each person who used the service had a Personal Emergency Evacuation Plan (PEEP). This contained detailed information to assist staff or the emergency services in the event of an evacuation.

Accidents and incidents were reported and recorded appropriately. There had been no recent accidents. The registered manager told us that they would review any accident to ensure actions could be taken if required to try to stop it happening again.

The registered manager told us all equipment used was serviced by a contractor, but also checked daily by a member of staff to ensure it was safe to use. Records we saw confirmed this.

On the day of our inspection there was enough staff to enable people to have the calls and care and support they needed. Staff we spoke with told us there was enough staff. One said, "Unfortunately we have recently had two people pass away so we have plenty of time and staff at the moment." They told us they had a six week rolling rota so they were able to plan in advance for holidays. One staff member said, "It is great we have the rolling rota as we can make plans in advance and also know when we can cover other staffs holidays." They went on to tell us that as most staff worked part time they were happy to work extra hours to

cover annual leave, they never used agency staff. This provided continuity of care and support for people who used the service.

Staff had been recruited using a robust system. We spoke with a newer member of staff who told us, "I applied then had to bring in passport and driving licence, get references and wait for my Disclosure and Barring Service (DBS) check before I could start." The registered manager explained the recruitment process, which included an application form, face to face interview, references and DBS checks. Staff files we viewed showed these had all taken place and were recorded. This ensured only staff suitable for the role were employed.

Staff told us some people who used the service were able to take their own medicines; others had Monitored Dosage Systems (MDS) dossett boxes which staff administered. One person who used the service said, "The staff do all my tablets." Another said, "The staff help with the ordering but I take them myself." Where staff assisted with medicine administration, the person using the service had separate information regarding the medication they had and protocols for the administration. Staff completed Medication Administration Record (MAR) sheets. We sampled three records and found they had been completed correctly.



# Is the service effective?

## Our findings

People who used the service received effective care and support from staff who had the knowledge and skills to do so. One person we spoke with said, "Yes, the staff are well trained. They just seem to know what to do."

The registered manager told us that they had a fairly small staff team of which most had worked at the service for a number of years, including two who had both been in post for over 40 years. This enabled staff and people who used the service to develop a close relationship where they knew each other well.

The registered manager told us about the induction process they used for new staff. A newer staff member we spoke with said, "I had to do induction and training before I was allowed to work with people, then I always worked with another staff member until the manager and I felt I could work alone." The registered manager told us they had introduced the care certificate for new staff. The care certificate is a set of standards that social care and health workers work to in their daily roles.

Staff told us they received a lot of training. One staff member said, "The training is good. Things change so we need to keep up with changes." Another said, "We had a new person start so some of us went to their training as you sometimes need a reminder." The registered manager kept a training matrix which showed when each staff member had completed each separate training course. The registered manager or senior also carried out spot checks. These were when a staff member was carrying out a particular task, for example medication administration or providing personal care. The senior or registered manager would observe staff to ensure they were following the correct procedures and the person was happy with the care or support.

Staff we spoke with told us they were very well supported by the registered manager and each other. One staff member said, "We have regular supervisions with [name of registered manager] but she is always around so we can speak with her at any time." Another said, "We also have informal chats between ourselves or with the senior if we want." We saw records which confirmed staff received regular supervisions and annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. We checked whether the service was working within the principles of the MCA.

People told us staff always gained consent before assisting them with any care or support. One person who

used the service said, "The girls always ask. They know what I need doing but they always ask." A staff member said, "We ask every time we are going to help someone." Care plans we reviewed showed people had signed their support plan giving consent to care and support.

Staff assisted people who used the service with their meals. This ranged from actually cooking the meal to helping with eating. The service had a restaurant on site where people could have their meals if they wished. If people were not physically able or did not wish to go to the restaurant, staff would take their meal to them in their own flat. The service had recently changed some staff procedures which now enabled specific staff to assist people with their breakfast after they had got up in the morning.

People we spoke with told us the staff would support them with additional healthcare appointments. One staff member told us that one person had a dental appointment in two days, they had organised transport and had arranged to accompany them. The registered manager told us that they had a good rapport with the local district nurses who attended for some people. They also said they would assist with arranging additional healthcare support if required.

## Is the service caring?

### Our findings

People who used the service told us the staff were very kind and caring. One person said, "The staff are very nice." Another said, "You could not ask for nicer. They are so caring they will do anything for you."

People who used the service had been involved in the planning of their care. One person we spoke with said, "I know what is in the care plan, the girl sat there and we did it together." "Every time they come they ask me what I want doing." Another person we spoke with told us, "Nothing is too much trouble. They always ask if there is anything else I would like them to do when they are here." Staff told us they tried to involve people with their care plans, if they were not able, then family or representatives were asked. Care plans were reviewed and updated regularly to be reflective of people's changing needs.

Staff we spoke with were able to tell us about everyone who used the service including their background, life history and families. It was obvious from our conversations that the staff knew people well. The registered manager told us that as the service was a charity and they were staffed at all times, if a person needed any extra support it could be provided immediately, also if the person was allocated a specific time for their visit and it lasted longer it was not a problem. This ensured people had the correct care and support when it was needed.

The registered manager told us that if the need arose they would assist anyone who used the service to access the services of an advocate. An advocate is an independent person who can speak for and act on behalf of someone.

Staff we spoke with were aware of their responsibilities regarding confidentiality. One staff member said, "You cannot discuss anyone out of work. And only talk about people in the office." All records were kept locked away securely and only accessed by staff that needed them.

People we spoke with told us that staff respected their privacy and dignity. One person said, "I need the staff to help wash my bottom half but I can do the rest. The staff are here but they leave me to do what I can myself." They went on to say staff spoke to them in a respectful way and always knocked on the door. Staff knew the person could not get up to open it but they always did it and then opened it a little and shouted who it was and asked if it was alright to go in.

One person we spoke with said, "I like that the girls let me do what I can for myself. They help me into my chair in the mornings and make sure I have my make-up and bits near so that I can do my hair and make-up myself. They will do it for me if I wanted but I like to do what I can for myself." They went on to tell us what they were able to do and how staff had encouraged and supported them to be as independent as possible. They also said they went to bed very early but it was their choice. They had asked if they could be assisted to go to bed earlier than previously and it had been arranged without any fuss and they were happy with the arrangement but also said if they wanted to stay up later it was not a problem.

## Is the service responsive?

### Our findings

People we spoke with told us they and their families, if appropriate, were involved in the development of their care plans. The registered manager told us that they only provided support to people who were already living in the complex so the staff already knew the person well before they required care.

Care plans we reviewed showed they had been written in a person centred way for each individual. They contained a copy of the call times and what needed to be completed at each call. They were written in detail on how the person liked each task to be completed, for example how they liked their clothes laid out or their bed made. This ensured people received the support in the way they wished. Care plans we reviewed contained plans for each area of care the person received, for example personal care, showering and moving and positioning. Daily records were kept of every visit made by a member care staff.

Staff told us that people's care plans were reviewed regularly or if their needs changed for any reason. Records seen showed this had taken place. This ensured the care provided for people was as required and up to date.

One person who used the service told us they used to live in one of the bungalows on the complex but her health had deteriorated and they were unable to walk. The registered manager spoke with them and told them a ground floor flat nearer the office had become vacant and they were offered it. The person told us they took it and felt really settled. As their needs had changed the care and support they received had increased. The registered manager told us that when the person's health had deteriorated it was found that the bathroom was not suitable to enable staff to get the person on a hoist into the toilet. The registered manager spoke with the directors and it was agreed to make the bathroom into a wet room and move the toilet. This was carried out and the person was able to be left in the bathroom to carry out their own personal care. This showed the service was responsive to people's changing needs.

People were encouraged and supported to join in activities. The complex had their own resident's social committee. They arranged for a number of activities including, visiting entertainer's, arts and craft sessions, games evenings and bingo. One person who used the service said, "I like to go to the art session as I love painting. The staff come and take me over to the main room and bring me back afterwards." They showed us some of their art and told us it had been displayed in the main foyer. On the day of our inspection the social committee had organised a bingo session which was very well attended.

The provider had a complaints policy and procedure in place. People we spoke with knew how to complain but had never had the need to. Records showed there had only been one complaint which had been dealt with according to the provider policy.

The provider gave out annual questionnaires to people who used the service. We saw responses to the last survey. They were all positive with comments which included; 'the service is very good' and 'I am looked after very well thank you.'

## Is the service well-led?

### Our findings

There was a registered manager in post. Staff and people who used the service knew who they were and said they saw them on a regular basis. We observed the registered manager interact with staff and people, they were very relaxed with each other and it was obvious that the registered manager knew them well.

Staff we spoke with told us they were supported by the registered manager and could speak with them at any time. The registered manager told us they were supported by the board of trustees who visited the service on a regular basis. Staff were aware of their roles and responsibilities.

The registered manager was aware of the day to day culture of the service as they were on site on a daily basis. The registered manager told us they visited people in their flats and also joined in some of the activities. The staff and people we spoke with confirmed this.

The service had a mission statement which was displayed and available in leaflet form within pamphlets. Each person who used the service had a copy of the statement and vision for the service in their service user handbook.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The registered manager told us that the service was well supported by the local community. They held events in the summer in the courtyard and a lot of local people, along with the board of trustees, attended. They told us they were only a short walk from the local town centre and staff assisted people to go if they wished. This enabled people to feel part of the community.

A number of quality audits had been carried out. These included care plans, infection control and medication. The registered manager told us that following discussions with staff they had changed the way some audits were carried out. There had previously been some recording errors for medication administration. The audit had been changed and it was checked on a daily basis by a different staff member that administered them. Since this had happened there had been no recording errors. A specific named person was responsible for infection control audits which included making sure that there were sufficient stocks of Personal Protective Equipment (PPE) in place for staff to use. Staff we spoke with told us this had been a great benefit as they knew the stock would be in place. Records we viewed showed audits had been carried out effectively.

Staff told us they had regular staff meetings, however, as there was a fairly small staff team they discussed things as they arose. We saw minutes of meetings where suggestions had been acted on. For example, one person who was receiving care was always saying they were not a morning person so it was decided they would discuss with them if they wanted to be left in bed until later. This was noted and actioned. We also saw a copy of a letter the registered manager had written to all of the staff to pass on important information.