

The ExtraCare Charitable Trust

St Oswald's Retirement Village

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

About the service: St Oswald's Retirement Village is a 'extra care housing' service. At the time of the inspection 34 people were receiving the regulated activity of 'personal care' from the service. Some people who use the service are independent and require little or no support from the service. The service also funded and operated an emergency call bell system. This meant they responded to emergency situations for any person living at either scheme regardless whether they received personal care support or not.

People's experience of using this service:

- People told us they felt safe at the service and felt happy to speak up.
- People's risks had been identified and appropriate safety measures were in place. People were supported by a consistent team of staff who were kind and caring.
- People received their medicines as prescribed and medicines were managed safely.
- Staff knowledge in relation to people's conditions, their needs, and how to support them was thorough.
- Care plans were person centred and included people's personal preferences. This meant people received a service which was tailored to their individual needs.
- Staff had good relationships with people and knew them well. People told us they were happy with the staff who supported them.
- There was an open culture where staff and people could raise concerns or issues. People told us they felt safe at the service and felt happy to speak up.
- People, relatives and staff told us the service was well-led. The registered manager was a visible presence and knew people and their relatives well.
- People's feedback was encouraged and used to shape the service.

The service met the characteristics of Good overall. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: At the last inspection the service was rated Good (This report was published on 6 October 2016).

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Good rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

St Oswald's Retirement Village

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was caring for people with dementia.

Service and service type:

St Oswald's Retirement Village provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is either rented or on a leasehold and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. Not everyone living at St Oswald's Retirement Village receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an announced inspection and the service was given 24 hours' notice. This was to ensure people

and staff were available for us to speak with. The inspection took place on 14 and 15 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection in September 2016. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with four people living at the service and four relatives. We spoke with four members of staff, the registered manager and a representative of the provider. We reviewed five people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. One person praising the service they received, they said, "I do feel safe, in fact too safe. It makes me a bit complacent." Relatives we spoke with all told us they felt their family member was safe. One relative said "I never worry about my relative's safety. They're marvellous. I can't fault it."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. For example, there were clear guidelines for staff on how to support people who required support with hoisting. We saw risk assessments had been developed in partnership with Occupational Therapists. Staff we spoke with were knowledgeable about the guidelines and could explain how they would support the person in a safe manner.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks. For example, staff ensured they supported people who had diabetes in line with the recommendations made by the health professionals involved in their care.
- People's home environment was regularly checked and assessed to ensure it remained safe.
- People living at St Oswald's Retirement Village had a personal evacuation plan which detailed the support they required in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. One relative said, "There is a regular staff team and we have a good relationship with them."
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to maintain their knowledge and skills.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Detailed guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).
- Where people were independent with their medicines, there were clear protocols in place for staff to monitor this to ensure people were taking their medicines safely and as prescribed.
- Regular medicines audits took place to ensure any shortfalls in medicine administration were being promptly identified and addressed.

Preventing and controlling infection

- The registered manager completed regular infection control audits to ensure this was being managed appropriately in the service.
- Staff had access to personal protective equipment such as aprons and gloves to prevent cross infection.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to ensure appropriate action was taken to keep people safe. These were reviewed regularly by the registered manager and lessons shared with staff to prevent recurrence. For example, one person had frequent falls. This was investigated and referred to an Occupational Therapist. Subsequently, appropriate equipment was supplied which minimised the risk of falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed to ensure the support they received was delivered appropriately and based on current best practice.
- The provider and registered manager ensured people received care and support which was current and effective. For example, staff had been trained in epilepsy care to support people with epilepsy.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. Training topics included emergency first aid, safeguarding, equality and diversity, fire safety, infection control, MCA, Epilepsy and moving and handling. One person said, "The staff know my needs well and are well trained."
- Staff had received an induction when they first started working at the service. This included a number of 'shadow shifts' where new staff worked alongside senior staff. The staff we spoke with told us they had received a good induction which had prepared them well for their role and to meet people's needs.
- Staff we spoke with felt supported by the management team. They told us they received regular one to one meetings with their line manager to discuss work related issues and their development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- Where people required support with meals, staff spent time with people to discuss what they would like to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access ongoing healthcare. Staff arranged medical appointments for people and supported them during these appointments.
- Care records evidenced that people had been referred to healthcare professionals when a need arose. Advice given by healthcare professionals, including Occupational Therapists and the GP, was acted upon and included in people's care records.
- Relatives told us they felt their family received appropriate healthcare.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. Where people receive care in their own home, any such application to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- Staff had received training and were knowledgeable about the principles of the MCA. Staff asked people's permission before providing support and asked them if they were happy for us to be shown around and whether they wanted to speak with us.
- The service obtained consent to care and treatment in line with legislation and guidance. For people who lacked mental capacity to consent, written records showed mental capacity assessments and best interest decisions had been completed and documented to comply with legislation. For example, in relation to personal care, medicines and activities.
- Care was delivered to people in the least restrictive way. At the time of the inspection, nobody receiving support from the service was subject to a Court of Protection order.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring towards them. One person said, "Staff do care and are very good." Another person said, "The staff are caring and respectful towards me." The relatives we spoke with described the staff as being kind and caring towards their loved ones. One relative said, "Staff are very caring and are very good. They respect him in every way."
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident that staff knew people's communication needs well and were able to engage effectively with them.
- People's needs in respect of their religious beliefs were known and understood. For example, people were supported to attend Church if they indicated a preference to do so. The service supported a number of residents who spoke Cantonese, and this created challenges due to the language barrier. The service had worked closely with people and their families to develop guidance for staff which enabled staff to improve communication with people and overcome the language barrier.
- There was a strong culture within the service to challenge inequality, discrimination and promote diversity. For example, the service had challenged discriminatory behaviour where people with learning disabilities were not allowed to sit in the library due to the personal beliefs of other people using the service. Through the support of the registered manager and staff, this was overcome and people with learning disabilities were welcomed by others into the library.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected.
- During the inspection, we observed staff supporting people in ways which took their choices and preferences into consideration. This included asking people about their lunch preferences and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. For example, staff ensured doors and curtains were closed when carrying out personal care. As this was a supported living service, people were asked for their permission before staff entered the premises.
- When people chose to speak with us, staff respected people's right to speak with us privately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred. They included clear information for staff on people's likes, dislikes and preferred routines so that their individual needs and preferences could be met.
- People's personal care plans detailed their preference for what order they would like tasks to be done when they were supported by staff. It was evident from our conversations with staff and observations that staff understood people's needs, preferences and routines.
- People were supported to access a range of activities. These included; gardening, going for days out and woodwork. The service also had an IT suite and ran IT courses to enable people to learn how to use new technology. This had enabled people to learn to use the internet and also increase contact with their families through the use of video calling from smartphones and tablet computers. The service also had a health and fitness suite which enabled people to access a Gym. This enabled people to maintain their fitness and wellbeing in a secure environment. One person suffered from sight loss and had limited mobility as a result. Through supervised use of the gym, they were able to use a treadmill to maintain their fitness as well as socialise with other people using the facilities.
- The people we spoke with confirmed to us that they enjoyed these activities and that they also learnt new skills which helped promote their independence and wellbeing.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- Signs, posters and notices were displayed around the service in a way that people had access to information and could see and read items on display. For example, people had access to information in large print format.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. This provided a clear framework on how complaints would be managed and investigated. The service had received 11 complaints over the past 12 months. From looking at the complaint's records, it was evident these had been resolved to a satisfactory outcome.
- People and relatives told us they were able to raise any concerns, and these would be dealt with appropriately.
- Meetings were also held with people who used the service to give them an opportunity to discuss any concerns they might have.

End of life care and support

- Nobody receiving a service from St Oswald's Retirement Village agency was receiving end of life care at the

time of the inspection.

- Although staff had received training around providing end of life care and support, the registered manager told us they had identified this as an area for further improvement. At the time of the inspection, the service was in the process of completing the Gold Standard Framework for End of Life care. The registered manager told us this would allow the service to provide a better service to people who required end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The staff we spoke with felt supported by the registered manager and felt able to raise issues.
- The registered manager and staff worked well together to ensure people received personalised care which met their needs and took into consideration their preferences.
- The provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed as legally required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had implemented an annual survey to enable people, relatives, staff and professionals to provide feedback relating to their care. The feedback from these surveys was positive with people praising the quality of the care being provided.
- The service organised a quarterly Care Focus Group which was open to people using the service and their families. The registered manager told us this enabled people to take control of the direction of the service.
- Regular staff meetings took place. We saw the minutes of these which showed staff were encouraged and able to speak up and contribute to discussions.

Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required. For example, the service worked closely with the Local Authority to provide short term respite stays to minimise hospital admissions.

The registered manager told us this also supported people to regain a level of independence and return to their own home rather than being admitted to a care home.

Continuous learning and improving care

- Effective quality assurance checks were carried out by key staff members, the registered manager as well as the operations manager who regularly visited the home. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The provider had a business contingency plan and had assessed the impact of Brexit on the service.