

The Baker's Benevolent Society

Bakers' Villas

Inspection report

The Mill House
23 Bakers Lane
Epping
Essex
CM16 5DQ

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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: This service provides care and support to seven people living in a supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living. This inspection looked at people's personal care and support.

People's experience of using this service:

- People were supported by consistent staff they felt safe with and who knew them well.
- Staff turned up on time and gave a good quality of care to people, in a way they wanted.
- People received their medicines at the right time and in the right way.
- Staff were well trained and supported by the registered manager, who they held in high regard.
- People were supported to maintain a diet that met their nutritional needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Detailed assessments were in place, and people's care records were detailed and written in an enabling way.
- People told us they were supported by exceptionally kind staff that knew their needs and preferences in detail.
- The registered manager and staff looked at ways in which people communicated and had considered how they could support people to express themselves in a way which was tailored to them.
- People were given information about how to complain when they moved in, and felt fully confident to raise any concerns that they may have had.
- Audit systems were in place which identified areas for improvement. Regular meetings were held with staff and people, and these were used to look at any areas that may need to be improved.

This service met the characteristics of Good in all areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: This service was last rated Good. (2 August 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive, and inspect the service, if risk is indicated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains well-led.

Details are in our Well-Led findings below.

Good ●

Bakers' Villas

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: This inspection was carried out by one inspector and one 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. This person had experience of this type of service.

Service and service type: This service provides care to people living in specialist 'extra care' housing. Extra care housing is an adapted single household accommodation in a shared site or building. The accommodation is rented, 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 service. People using the service lived in a number of flats in a single building in multi-occupation shared by people.

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:

We gave the service 48 hours' notice of the inspection site visit, it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit activity started on 14 March 2019 when we visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did: 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. We reviewed this information to help plan our inspection.

As part of our inspection we spoke with four people, five relative, three members of staff, and the registered manager.

We inspected three care plans, and two staff files. We looked at audits and quality assurance procedures relating to the management of the home, which had been developed and implemented by the provider. When commissioners or visiting health professionals have provided feedback, we have included this within our report.

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

- People told us they felt safe with the staff who supported them. One person said, "The staff here are so lovely. I can't fault them."
- Staff and the registered manager had been trained in safeguarding and knew how to protect people from the risk of abuse. One staff member said, "We have been trained. We have a very high standard. We are aware of people. The most important part of our job is making people feel, reassured, safe, secure and cared for, and to make everything run smoothly for them."
- Policies were in place to promote people's safety and safeguarding procedures were followed to safeguard people. The registered manager understood their responsibilities and knew how to report concerns in the right way. One relative said, "I think [Name] is very safe with them. We are 100% satisfied with them. I would speak to the manager if I was worried at all."

Assessing risk, safety monitoring and management

- Thorough and robust assessments were carried out by the registered manager, which identified risks to people's safety and wellbeing.
- Information provided before the inspection stated a range of risk assessments were in place. These related to safety aspects, environment, infection control, safeguarding, manual handling and safe use of medicines.
- Risk assessments were written in a risk enabling way. For example, one person became frustrated if they did not have total control over their decision making.
- Equipment used by staff was serviced, maintained and inspected.

Staffing and recruitment

- People were supported by consistent staff who had worked at the service for a long time. One relative said, "Yes, [Name] has had the same staff for a long time now. They don't have a high turnover of staff"
- Everyone we spoke with told us staff arrived on time. No one we spoke with had experienced a missed visit. One relative said, "They never miss any calls and they are on time, within a few minutes."
- Rotas were regularly assessed by the registered manager and adjustments were made to ensure people received care on time and when they needed it. One person said, "You always get the same staff, they always turn up when they should. The staff will do anything for you."
- Recruitment practices were found to be of good quality. Checks were carried out to ensure the safe recruitment of suitable staff. The registered manager had undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. This was to check that potential employees were not prohibited from working with people who use a health and social care service.

Using medicines safely

- Information in the PIR said improvements were needed to the audit procedure to protect against medication errors. We found audits were in place and completed regularly and people received their medicines in the right way and at the right time. One relative said, "Yes they give [Name] tablets in the morning and in the evening. There has never been a problem."
- Medicine systems were organised, and people told us they received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff worked in pairs and double checked what each other was doing to make sure people got their medicines correctly. One staff member said, "We both check it's the right tablet and right name and the right time to give it."

Preventing and controlling infection

- Staff had been trained in infection control and were supplied with Personal Protective Equipment (PPE) to use. For example, hand gels, disposable gloves, foot coverings, and aprons, were freely available throughout the service.
- Everyone we spoke with said, that staff used equipment effectively and supported them in a hygienic way.

Learning lessons when things go wrong

- The registered manager had systems in place, so learning could take place when things had gone wrong. Records of accidents and incidents were of good quality and overseen by the registered manager who took preventative action when this was needed.

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

- Assessments had been carried out, expected outcomes were identified and care had been regularly reviewed. One relative said, "The staff know [Name] very well and understands them. [Name] can be quite difficult sometimes, but the staff is patient and considerate with them all the time."
- At the time of the inspection, no one who used the service had a first language which was not English, but this had been considered as part of the assessment process.
- Where people's health had deteriorated or people's needs had changed, the registered manager had sought a formal review of their care needs. One relative said, "The staff are brilliant. They know how to support them, in a way they understand and are relaxed with."

Staff support: induction, training, skills and experience

- Regular supervision and peer support sessions were provided to staff. One staff member said, "We have regular meetings, supervision, and appraisals. The registered manager is very good. You can discuss anything with them. They are very approachable."
- Staff received a programme of training that enabled them to understand and meet the needs of people who used the service. Staff had been regularly trained in mandatory subjects. Such as safeguarding, manual handling, safe handling of medicines and infection control, health and safety, fire safety, emergency first aid.
- Additional training had been given to support people with additional needs. For example, practical training had been given on safe blood glucose testing and pressure care.
- An effective induction programme was in place, which included the shadowing of more experienced staff. The care certificate was completed as part of this process. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One person said, "The staff do know what they are doing." A relative said, "Absolutely the staff are very well trained. They know just how to look after [Name] and are very helpful."

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

- People were able to make choices about the food and drink they had, and the staff gave support when required. One relative said, "Yes [Name] needs help with all their meals. They choose what they want at the time."
- People's nutritional needs were met in a safe way. The service provided a home cooked meal from the restaurant, if people wanted this option. 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.
- People were supported from the risk of poor nutrition and dehydration in a safe and effective way. If someone needed help to eat and drink in a particular way, because they were at risk of choking, detailed

guidance from the speech and language team was in place. This explained how the person could be supported to eat and drink in a safe way.

- Staff had received training in food safety and nutrition. Care plans showed how people needed to be supported with meals and drinks.

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

- The service worked with a range of external professionals to support people to have their needs met, including access to treatment and advice. One relative said, "They would send for an ambulance if they thought it was necessary. They do call the GP if [Name] is not feeling very well. They are on the ball there."
- A range of services were offered to people in their homes from onsite hair dressing and chiropody. One relative said, "They will ring the doctor if [Name] is not very well. They also have a visit from the chiropodist once a month."

Adapting service, design, decoration to meet people's needs

- Bakers Villa was a purpose-built accommodation in a shared site. People lived in their own flats and apartments.
- People were living in a sheltered accommodation scheme. These premises are designed to enable older people to live safely and independently.
- There was an onsite restaurant for people to use if they chose to.

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."

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of the inspection, no one lacked capacity.
- Staff had been trained and understood the mental capacity act. The registered manager considered what support people needed around decision making, and this was recorded within their care plan.
- People had given their written consent to the care they were receiving. The registered manager had considered people's communication needs and styles when consent had been obtained.
- Where people held either Enduring or Lasting power of attorney (EPA or LPA) documents were retained within the care plan.
- Staff understood the balance of risk and autonomy/freedom to make decisions. One staff member said, "It's all about choices. A person with capacity can make an unwise choice. It is to do with the choice not being taken away from them, and the frustration that goes with that. For example, you must ensure you give [Name] the choice and they will make the best choice for themselves."

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.

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

- People were supported by staff who were exceptional in knowing how they needed to put people in the centre of their care. They did this in a sensitive, and personalised way. For example, people spoke about the way staff had gone above and beyond to meet their needs. One relative said, "Yes they go the extra mile. For example, they will fill their shopping list with them and I order it online."
- People told us the staff listened to them and respected their opinion's. One person said, "They do listen to me, yes. They are very good at communicating with me and keeping me informed."
- People and their relatives told us they felt involved in the care and support they received. One relative said, "They keep me fully informed about [Name] and ask my opinion on most things to do with their care."
- Care plans were in place for each person. Some people or their relatives did not know if a care plan was in place. One relative said, "That is a grey area at the moment. I do not think [Name] has one. Another relative said, "I think so. I know [Name] has had someone in from the office to see them."

Respecting and promoting people's privacy, dignity, and independence

- People and their relatives told us they were supported by staff who treated them in a calm, patient, and respectful way. One relative said, "They are very respectful towards [Name] Sometimes they can be quite awkward and difficult, but the staff is always calm and patient with them." Another said, "They do treat [Name] with dignity. They are very deaf. The staff are very patient and respectful when they speak to them."

Ensuring people are well treated and supported; equality and diversity

- The registered manager looked at ways they could identify and support people with protected characteristics. An equality and diversity policy were in place. This was included as part of the resident's handbook and discussed at resident meetings.
- Staff had completed equality and diversity awareness training.
- People spiritual and cultural needs were considered, and the registered manager looked at ways they would support people to meet these needs. For example, they had arranged for a Catholic priest to visit a socially isolated service user regularly if they wanted this.

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

- People told us they received a responsive service, that meet their needs in every way. One person said, "Whatever you want they will do. Nothing is ever too much trouble."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. One relative said, "They know [Name] very well now. They know they are very deaf, so they run everything past them very slowly so that they can understand."
- When people needed alternative support to communicate, this had been considered. For example, one person had a sight and hearing impairment. The registered manager had involved a sensory professional to look at ways communication could be improved for this person. They were supported using a white board and marker pen.
- Care plans were person centred and focused on people's strengths, abilities and choices. They provided staff with specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. Care was provided in an individualised way. One person said, "I can't fault it. The only way I can describe it would be fabulous."
- People had their needs assessed before receiving a service and this was reviewed regularly.

Improving care quality in response to complaints or concerns

- People had not had any reason to complain about the service they received and told us they would feel able to do so if this was needed.
- People who used the service, their family members and visitors were made aware of how to make a complaint and there was an effective complaints policy and procedure in place. One complaint had been raised in the last twelve months. This had been resolved to the persons satisfaction.
- Policies and procedures were in place but needed to be updated to include the Local Government Ombudsman details.
- Compliments about the service had been received. One said, "Throughout [Names] care they had a wonderful life and a beautiful end. Thanks to you all." Another said, "I couldn't have asked for better people to look after [Name.] Everyone was kind and went above the call of duty."

End of life care and support

- At the time of the inspection, the registered provider was not delivering end of life care to people. When in place, copies of do not resuscitate records (DNARs) were kept within people's care plans. The registered manager was carrying out dignity audits to look for ways this system could be improved.

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.

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

- People who used the service, family members and staff were regularly consulted about the quality of the service they received. The registered manager conducted regular audits and improvements were carried out when these had been identified. The quality of the service was monitored and assessed consistently.
- 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.
- People continued to speak positively about the management and leadership of the service and were confident with the way the service was managed.

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

- The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- Everyone knew who the registered manager was and found them to be open and approachable. One relative said, "[Name of registered manager] is really good. We could not be happier with [Names] care."
- Information held by CQC showed 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.

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

- The registered manager carried out regular visits to people and their relatives to help maintain open lines of communication. One relative said, "Yes I do feel very involved. They keep me up to date." Another said, "Yes they are only a phone call away. They are all so kind there. I still feel involved, but it has been a huge load taken off my shoulders."
- The registered manager empowered staff to feel able to disagree and comment on decisions being made, reflect on practice and contribute to looking at better ways of working.
- There was an open culture and making mistakes were viewed in a positive way and as opportunities to improve the care being delivered to people.
- The registered provider gave out annual questionnaires to people who used the service. Positive feedback had been received.

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they were encouraged to share their views and provide feedback about the service. People had opportunity to express their views and be listened through a questionnaire. The registered manager said, "I am looking at developing the questionnaire, to obtain more qualitative answers."
- Quality audits had been carried out. These included care plans, infection control, and medication.
- Regular team meetings were held with staff. They focused on ways in which they could improve the service to people. Meetings were used to share information and look at ways they could work in a better way. For example, one person preferred to spend the night in their recliner chair. Some staff was concerned about this. The team discussed the issues relating to this person ability to make a decision and change their mind. Impute was evident from the social worker and family so staff could be fully confident they were enabling this person's choice in a safe way.
- The registered manager kept updated with changes when changes in legislation or best practice had occurred, this was fed back to the team through regular discussions.