

Bedford Borough Council

Dame Alice Court

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Dame Alice Court provides support to people living in their own flats within one building. The service supports older people, younger adults, people living with a physical disability, people living with a sensory impairment and people with dementia.

People's experience of using this service: People received personalised care to an outstanding level. People's preferences were met and they could remain independent and in control of their care.

People and their relatives were very positive about this. One person visibly showed us how happy they were to keep their independence due to measures put in place by the management and staff team.

People were supported with dignity and respect at the end of their lives and staff went the extra mile to ensure people's choices and preferences were met.

People were very positive and spoke highly about the care they received.

Staff were passionate about providing care to people. We saw that staff were kind and compassionate to people in their interactions.

Systems and processes kept people safe from the risk of harm and abuse. People told us they felt safe at the service when being supported with all aspects of their care including being supported with medicines.

Staff recruitment procedures were thorough and included all necessary criminal record checks.

Staff told us they received adequate training, supervision and competency assessments to carry out their job roles effectively.

People received support from healthcare professionals. Staff worked well with these professionals to ensure that people received the support they needed.

People's privacy and dignity was respected. People were supported to remain independent in their lives as much as possible and this was promoted by the staff team. People were positive about how they could make choices and do things independently.

People were positive about the management of the service and felt able to contribute ideas about people's care and support needs.

The management team were passionate about providing high quality person centred care.

Rating at last inspection: Good (report published 06 April 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence continued to support the rating of good and the service had improved to Outstanding in one area (responsive). More information is in the full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Dame Alice Court

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: One inspector carried out this inspection.

Service and service type: Dame Alice Court is a supported living service registered to provide personal care to people in their own home. The service is situated in Dame Alice Court Housing scheme and provides 24-hour care and support to people who live in their own flats.

On the day of our inspection 32 people were using the service. Not everyone using Dame Alice Court received a 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 consider 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 inspection was unannounced.

What we did: Inspection site visit activity started on 29 January 2019 and ended on 29 January 2019. We visited the office location on 29 January 2019 to see the people being supported and their relatives. We also visited to see the registered manager and staff and to review care records and policies and procedures.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we:

- We spoke with three people using the service, two relatives, three care staff, one catering staff, two team leaders, the housing scheme manager, a QCF assessor and the registered manager.
- Gathered information from four care files which included all aspects of care and risk.
- Looked at three staff files including all aspects of recruitment, supervisions, and training records.
- Records of accidents, incidents and complaints.
- Audits, surveys and minutes of staff and professional meetings.
- Policies and procedures relating to the management of the service.

Following the inspection, we received further evidence from the provider which showed outstanding characteristics in the Responsive KLOE.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "I feel safe. It is very secure here."
- Staff had a good understanding of safeguarding and reporting concerns. One staff told us, "I take concerns to my line manager or further if necessary."
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions and team meetings.
- A safeguarding policy was in place at the service which detailed steps staff should take if they suspected abuse. This was discussed with staff regularly. There were also posters and notices around the service directing people what abuse was and how to report it.

Assessing risk, safety monitoring and management

- People had risk assessments in place which were reviewed regularly or whenever there were changes to people's needs.
- People's risk assessments gave guidance in how to mitigate risks in areas such as moving and handling, medication and behaviours that may challenge.

Staffing and recruitment

- A person said, "Staff are very good. They always help each other and fill in the gaps if someone is sick."
- Staffing levels met the needs of people using the service. Vacancies were covered with regular staff or with staff from the provider's other services.
- The provider had robust recruitment procedures and checks to ensure that staff were suitable to work at the service.

Using medicines safely

- A person told us, "Staff are very professional with handling medication. They know what they are doing."
- There were robust monthly and weekly audits of medicines in place. When errors occurred, these were identified and discussed with staff in team meetings.
- Staff received training in administering medicines and regular competency assessments from the management team.
- People were encouraged to administer their own medicines where possible.
- People who took as and when needed (PRN) medicines had clear protocols in place for the administration of these.

Preventing and controlling infection

- We saw that the service was clean and free of infection.

- Staff used personal protective equipment such as gloves and good hand hygiene practice to aid infection control.
- Cleaning products were kept locked securely away from other areas of the service.

Learning lessons when things go wrong

- The registered manager and team leaders shared incidents and near misses in daily handovers, supervisions and team meetings with staff.
- Regular workshops were held by team leaders to discuss changes in legislation.

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

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 had been assessed before they began using the service. The registered manager told us, "Everyone has individual needs and these are focused on in the assessments."
- Assessments were thorough and people's choices and preferences were documented.
- Assessments were used to produce care plans for people which were shared with the person and their relatives. This was to ensure that the care plan reflected people's needs.

Staff support: induction, training, skills and experience

- One person told us, "Staff are very well trained and are fantastic at their jobs."
- Staff were positive about their induction and told us that it involved lots of training and shadowing experienced staff members.
- Staff told us about the training they take part in as part of their job role including moving and handling, administration of medicines and safeguarding.
- Staff told us they received regular supervisions and competency assessments to ensure they remained competent in their job roles. We saw a competency assessment being completed during our inspection.
- Records we looked at corroborated what staff told us about their induction, supervisions and training.

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

- People were supported to make their own meals but had the choice of eating meals prepared by kitchen staff as well.
- People were positive about the food on offer. People told us, "The food is very good indeed." and another person showed us that staff had prepared a variety of drinks for them to choose from.
- We saw that the meals provided looked very appetising.
- There were clear guidelines in place for people with specific dietary requirements. Staff worked with kitchen staff to ensure that people's dietary needs were met. We saw staff supporting people in the communal dining area.
- There were always alternatives on offer for people who chose not to have the first choice of meal offered.
- We saw staff talk to people about how to eat and drink enough food to maintain a balanced diet. People had increased in weight since beginning to use the service.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the management team worked well with other professionals to ensure that people received care on time.
- One person told us, "Staff call a doctor for me if I need one. I fell the other day and [staff] got the right

person out straight away to sort it out."

- Other professionals who worked with the registered manager and staff were very positive about the support people received. The service was always very prompt at asking for support and followed their advice to support people in an effective and timely manner.

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

- The environment was clean and well-kept. People's flats were personalised and people were able to utilise the space in their flats to their own preference.
- People were supported to design their flats to their preference whilst making it safe for moving and handling equipment which they used.
- Staff supported people to access communal areas which had been decorated with different themes such as a pub or a hair salon.
- People were encouraged and supported by staff to use the adapted gardening facilities in a spacious garden.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access their GP and other health professionals. One relative told us, '[Person] has just been for an operation. [Staff] gave [Person] lots of follow up information to care for themselves and this has been brilliant.'
- People's appointments with health professionals were recorded and shared with people and staff supporting them. We saw that this happened in verbal handovers and was also recorded in people's care plans.
- We saw that staff shared information to ensure that people were referred to the correct health professional, should they need support.

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

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. This is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was.
- People told us that they were always asked for consent before staff supported them. One person told us, "Yes, [staff] spell everything out and always make sure I am happy for them to help me."
- A relative said that staff helped a person make good decisions but always respected their decisions and choices.
- Staff received training in the Mental Capacity Act and had a good understanding of how to support people in practice.

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

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

Ensuring people are well treated and supported; equality and diversity

- We saw people being communicated to in a kind and respectful manner. Staff spoke to people at the right pace and tone depending on the person.
- People and relatives told us, "[Staff] are wonderful. They always take the time to talk to me." and, "[Staff] go above and beyond for my [relative]."
- Staff told us, "I admire and respect the people who live here as I would anyone else. I appreciate and value them all individually." and, "I treat people how I would like to be treated."
- Staff and people told us that staff took the time to speak to them throughout the day. A relative told us, "My [relative] loves to chat, and staff are so patient with him."
- People's cultural and religious beliefs were respected. People were supported to attend church if they chose to do so. People's care plans gave staff information about people's cultural and religious preferences.
- People's care plans were written in a way that showed kindness and compassion. Daily notes completed by staff showed that respectful language was always used to describe how people had been supported throughout the day.

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

- Staff and management asked for people's views on their care. We saw a meeting taking place where people were being asked for their opinions on the service.
- People told us, "My care plan is in my flat. I always help look at it." and, "[Staff] bring my care plan to me to read. Something needed to be changed and this was added in."
- We saw audits and reviews of people's care plans and it was clear that people had been involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. We saw staff asking people if they could support them before doing so. Staff knocked on people's doors and waited for a response. Some people chose to leave their doors open and this was respected.
- The management team had recently held a 'dignity' workshop to discuss best practice. Staff spoke positively and passionately about this.
- People told us they were supported to be independent. One person told us, "I can do a lot for myself. [Staff] support me to do everything I can."
- Staff worked with an outside domestic agency to support people to keep their independence with their laundry.
- People's care plans detailed what people could do for themselves and staff had a good knowledge of how

to support people to keep their independence.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- We saw several examples of outstanding practice where people living with very individualised care needs were supported to have their needs and preferences met. These people were supported to have maximum choice and control of their lives whilst being supported by staff. There was a very strong commitment from the staff team to delivering person centred care so people were able to remain at home for as long as practicably possible.
- One person's needs had changed several times however they wished to remain independent and remain living in their own home. Staff had worked with the person and the housing association to adapt the person's room to ensure the person could complete tasks such as cooking, cleaning and administering their own medicines independently. This had involved discussions with other professionals and new equipment being put in place. This person's communication needs had also changed. The management team had sourced communication cards for the person and knew the person well so they were still able to communicate their needs. We spoke to this person and they were clearly very happy with how staff and the management team had supported them. The person was able to show us the life changing impact that support from the staff team had made to their lives and gave an example of how they communicated with the staff team.
- The team leader's spoke passionately about this person and how proud they were of being able to continue to support them to maintain their independence even in the face of profound life changing events. A team leader told us, "We don't give up on the people we support. We keep putting things in place to make sure they stay in control of their life and can do what they want for as long as possible."
- One person had specific care needs and had found it difficult to be placed in a service. The team leaders and managers had assessed and supported this person to be in control of their own support as much as possible. This person's relative told us, "[Staff] and [Team Leaders] have been fantastic. [Registered manager] made sure [staff] had training when [person] started using the service. [Person] is still in control of their [care need] but is now getting the help they need. [Staff] go above and beyond." This person was visibly much happier and their health had improved since using the service. This person had started eating healthily and exercising thanks to the support and dedication of the staff team.
- This person still found their care needs difficult and often made unwise choices. Staff recognised that it was important to the person to make these choices and they supported them. Staff told us that they did not see these as 'bad days'. This had a very positive impact on the person, as being in control of their life had enabled them to become healthier and work towards achieving their desired outcome. This was an example of outstanding practice supporting and encouraging people to take control of their own lives and be independent.
- This person had found being in social situations difficult and staff and team leaders had prompted and supported the person to attend social events to build their confidence back. Staff prompted and supported

the person to attend events such as meals and quizzes at the service and ensured that they sat and spoke to the person during these activities to offer extra support. The staff team also went with the person for walks in to the community at the person's request above and beyond the person's package of care. The person's relative told us how delighted they were that their relative was being supported to access the community once again. This person was currently working towards being able to partake in an activity that they had not been able to take part in for some time. We saw that there were clear plans in place for the person to work with the staff team to achieve this.

- One person was living with dementia. Staff had made the extra effort to ensure that this was respected. The person's care plan was detailed and showed how the person's dementia had impacted on their life as well as clearly stating what the person could do for themselves and what they now needed more support with. This person was still able to live in their own home and access the community following further risk assessments and discussions with other professionals. This showed that the service was very responsive to people's changing needs.
- Staff went to great lengths to ensure that people were able to retain their life experiences before they needed care and support. A post-box had been introduced at the service that people could use to send letters. Staff supported people to use this to send letters to their friends and families. People were positive about this and told us that it made them feel that they were 'still living the lives they had in their first home.'
- In discussion with people using the service, and the care provider who had supported people to approach the landlord, an adapted bathroom facility had been installed at the complex. Staff were able to assist people to access this facility. This had significantly improved people's experiences in being able to bathe on site which they had been unable to do so before. One person recalled that it had been a long time since they had been able to have a bath and they were very pleased that the staff were able to support them to do so.
- Staff were passionate about person centred care and knew people's preferences very well. Staff told us, "We treat everyone equally, but also as an individual." and, "We make sure that we base care around what people want." We saw staff members prompting people to be supported with various activities such as quizzes, bingo and coffee mornings.
- Staff had recently held a 'dignity' workshop with people using the service. This was called the 'dignitea day' and people were prompted to talk about what dignity meant to them and write this down whilst having a drink with the staff team. People had identified areas such as 'having time to myself' and 'letting me take lots of time to do things by myself' as important to them. Staff were positive about this and told us how they had put this in to practice. For example, one staff member spoke about how different people's cultures were and how they were more aware of this following the 'dignitea' day.
- Staff spoke positively about how workshops and daily handovers allowed them to reflect on the support they gave to people. Equality and diversity was a discussion point for staff members in team meetings and supervisions and we saw that staff members were continually asked to reflect on how their practice was supporting people's equality and diversity.
- People's care needs and preferences were clearly documented in their care plans and risk assessments. Care plans contained detailed information about people's history and how this had shaped their preferences, likes and dislikes. Things that were important to people with regards to their support were clearly noted for staff to follow. Staff knew these well and this enabled staff to support people with outstanding personalised care.
- Professionals working with the service were very positive about the support that people were given and the outcomes that people achieved. We saw written compliments from professionals commending the service on the support they gave to people.

Improving care quality in response to complaints or concerns

- The service had a thorough complaints policy and this was available in different languages and formats

for people. People were signposted to this policy with posters around the service and in discussions such as coffee mornings.

- People, relatives and staff told us they knew how to complain and felt comfortable approaching team leaders and the registered manager with any concerns.
- Advocacy information was available and provided to people if they chose to use it. A team leader told us, "We are very proud of advocating for people. It is the main reason we are here."

End of life care and support

- Team Leaders and staff made extra effort to ensure that people were supported with dignity and respect at the end of their lives. People could have their specific choices and preferences met at the end of their lives to an outstanding degree.
- A team leader spoke to us about a person who wanted to return to the service from hospital at the end of their life. Team leaders and staff worked together with the hospital discharge team, the person's family and other professionals to ensure the person could return home. This involved supplying extra staff support to the person in the day and night and ensuring that the person could choose the staff members supporting them at the end of their life.
- A relative of a person told us "They supported [person] very nicely at the end of their life. They were wonderful and helped me arrange everything afterwards as well." This relative was still being supported by the service and spoke very highly of the support they received following the person passing away.
- Staff had received training in end of life care and had a good understanding of how to support people with dignity and respect at this time. A team leader told us how they visit people at the end of their life if they go to hospital to ensure that their preferences were still adhered to.

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

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

- The management team and care staff were passionate about providing high quality care and had a good understanding of their responsibilities.
- Policies and procedures in place were clear and up to date with current legislation around how to supply the best care to people.
- Team leaders held workshops with staff members to discuss person centred care, dignity and key areas of providing care to the current standards.
- There was a good atmosphere and culture at the service when we inspected. Staff and the management team understood people and how to provide them with quality care.

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

- The management team and the staff team were all able to talk about their job roles and the impact that this had on people using the service. A team leader told us, "There is a very clear definition of who does what."
- Audits were completed regularly to ensure the quality of the service. Audits were completed on care plans, medicines, staff files and feedback received from people. We saw that changes were made depending on what these audits found.
- The registered manager and team leaders enable people to take positive risks and keep as much independence as possible.
- The registered manager reported all notifiable incidents to the proper authorities.
- There were clear plans in place for what to do in emergency situations such as fire and bad weather. There were contingency plans to run the service if the registered manager was unavailable.

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

- People and their relatives gave extremely positive feedback about the registered manager and team leaders and told us, "It is brilliantly managed here. I travelled far just so I could live here." and, "It is extremely well managed. [Management] always keep us informed."
- Staff felt supported by the management team and one staff told us, "Management are so supportive, it is superb."
- Regular meetings were held with staff and with people and their relatives. Actions were recorded and

completed from these meetings. Meetings were organised for people such as night staff so that they could contribute ideas to the service.

- Information was available in different languages and formats to suit people's preferences and communication needs.
- The provider regularly collected feedback from people and staff in handovers and formally with questionnaires. Actions were put in place to improve the service based on this feedback.

Continuous learning and improving care

- Minutes of meetings with people, relatives and other professionals were used to continually improve the service.
- The registered manager had plans in place to further improve the way information was collected in quality surveys.
- There was an emphasis at the service on improving staff skills and knowledge. A team leader told us, "I worked closely with another team leader here. They mentored me and I feel I have really hit my stride."
- There were improvements happening to the environment during our inspection. These had been actioned based on discussions with people.

Working in partnership with others

- The registered manager and team leader worked with other professionals and the housing scheme manager closely to achieve good outcomes for people. The registered manager said, "Information sharing makes supporting people so much easier."
- We spoke to care professionals, the housing scheme manager and a staff qualification trainer who all confirmed that the management team and staff worked well with them.
- The registered manager worked with other services they were associated with to share best practice and to cover staff vacancies to ensure consistency of care.
- Local dementia support groups used communal areas of the service and shared best practice with the registered manager and the staff.
- A team leader spoke passionately about working with a local college to support people in to working in the health and social care sector.
- The registered manager told us that they were well supported by the provider.