The ExtraCare Charitable Trust

St Oswald's Retirement Village

Inspection report

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Date of inspection visit:
07 September 2016
09 September 2016
12 September 2016

Date of publication:
06 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on the 7, 9 and 12 September 2016 and was announced. The service was previously inspected on the 27 May 2014 and met all the legal requirements assessed at that time.

St Oswald's Retirement Village is a residential community for people aged 55 and over. Care and support is provided to people in their own accommodation. At the time of our inspection there were thirty people receiving personal care from the service.

St Oswald's Retirement Village had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy with their care and the approach and effectiveness of staff. However, people were at risk of receiving care from unsuitable staff because robust recruitment procedures were not always being applied.

Risks to people's safety were identified, assessed and appropriate action taken. People's medicines were safely managed. People's individual needs were known to staff who had achieved positive relationships with them. People were treated with kindness, their privacy and dignity was respected and they were supported to maintain their independence. People were involved in the planning and review of their care and took part in a range of activities.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. The registered manager was accessible to people using the service and staff. Systems were in place to check the quality of the service provided including regular meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not as safe as it could be.

People were not always protected by robust staff recruitment practices.

People were safeguarded from the risk of abuse and from risks from receiving care.

People were supported by sufficient numbers of staff.

There were safe systems in place for managing people's medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

Staff were aware of the Mental Capacity Act 2005 and the importance of supporting people to make decisions and choices about their care.

Where appropriate people were supported to meet their dietary and healthcare needs.

Is the service caring?

Good

The service was caring.

People benefitted from positive relationships with staff and management.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and
respected by staff.

Is the service responsive?

Good

The service was responsive.

People received individualised care and were consulted to gain their views about the care they received.

Concerns and complaints by people using the service or their representatives were investigated and responded to with action taken to improve the service.

Is the service well-led?

Good

The service was well-led.

The service set out and followed its vision and values for providing care for people.

The registered manager and head of care were accessible and open to communication with people using the service and staff.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and support provided.

St Oswald's Retirement Village

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 7, 9 and 12 September 2016 and was unannounced. The inspection was carried out by one inspector. We spoke with six people using the service and one person's relative, we also observed how staff interacted with one person when providing care. In addition we spoke with the registered manager, the head of care and six members of staff. We reviewed records for three people using the service and checked records relating to staff recruitment, support and training and the management of the service.

Before the inspection the provider completed a provider information return (PIR) in December 2015. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always being applied. We examined six staff recruitment files. Five staff had previously been employed in providing care and support to people. Three of these staff had been employed without checks on their conduct during all of their previous employment or verification of their reasons for leaving previous employment which involved providing care and support to people. Information about one staff member's previous employment had been given by a person describing themselves as a manager, however the reference containing the information had been written from a private address and did not give details of the organisation the person worked for. This was contrary to the registered provider's staff recruitment policy. We discussed these issues with the registered manager who assured us changes would be made to future recruitment practices to ensure relevant information was obtained about applicant's previous employment providing care and support to people. In addition we noted staff once employed were subject to regular supervision and checks on their practice.

Disclosure and barring service (DBS) checks had 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. Where there were gaps in employment these were identified and discussed with the applicant. Identity and health checks had also been undertaken before staff started work.

Suitable staffing levels were in place to meet the needs of people. People received visits from staff to meet their personal care needs within the time allocated for this. Additionally staff in the retirement village would respond to emergency calls made by people. We asked people if they ever experienced late visits. One person told us staff were only ever a couple of minutes late and this was usually if there had been an emergency in the retirement village. Another person told us if staff were late they would call to let them know. A relative of another person confirmed they were always informed if there was a late visit. Another person had experienced no problems with staff being late.

Arrangements were in place to cover any staff absences with suitably experienced administration staff available in the event of short notice absence. One staff member told us in the event of short notice staff sickness "we all pull together". Agency staff had been used to cover staff vacancies recently, from comments we received from people this was not always popular. However a staff recruitment drive was in progress with applicants being interviewed on the first day of our visit and a recruitment open day planned.

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Contact details for reporting to the local authority were carried by staff providing care and support. Staff were also aware of the correct reporting procedure in the event of any safeguarding concerns. Information given to us at the inspection showed all staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. They were confident any allegations reported to management would be properly investigated. People told us they felt safe when staff visited them. A person's relative said "I know he is safe".

Part of the assessment of the needs of people using the service was the identification of risks and the completion of risk assessments. Risks covered included such areas as moving and handling, mobility and risks of infection. Where people used bed rails, regular audits were in place to check on the safety of these. Staff told us how they used personal protective equipment such as gloves and aprons when appropriate in providing personal care. People also had personal emergency evacuation plans (PEEPS) in place. We observed staff using a hoist to move a person from a wheelchair. The procedure was carried out with due regard to the person's safety.

People's medicines were managed safely. People had been assessed with regard to any support they may need to take their medicines. People had signed forms to indicate they had given consent to receive support with their medicines. All medicines were stored within people's individual accommodation. Staff had received training in supporting people with their medicines and they described to us the arrangements for supporting people with taking their medicines. Specific training had also been completed by staff for supporting one person to take their medicines via a nebuliser. Audits of people's medicine administration charts were carried out by the head of care on a regular monthly basis for each person receiving support with taking their medicines. The audit checked on recording for administration of certain medicines considered to involve a risk such as oxygen and blood thinning agents. Examples of medicines administration records we saw had been fully completed.

Good

Is the service effective?

Our findings

People using the service were supported by staff who received suitable support and training for their role. Staff told us and records confirmed, staff had received training in subjects such as first aid, food hygiene and moving and handling. Staff also received training specific to the needs of people using the service such as dementia awareness and continence. Arrangements were in place for the care certificate qualification for staff new to caring and supporting people. Staff told us they felt the training and support provided by the service was enough for their role. One member of staff described the training as "spot-on". The fact that staff training was consistently updated emerged strongly from the feedback we received from staff with one stating "We are always kept up to date with training". People were positive about staff and confirmed staff were well trained and knew what they were doing when giving care and support. We heard comments such as "They manage to work very well", "they do the best job they can" and "these people go the extra mile". Staff reported there was good team working.

Staff were supported through regular individual meetings called supervision sessions and performance appraisals with the manager or senior staff. Two members of staff commented positively about the support they received from the head of care. Meetings covered such topics as training, well-being and performance. In addition staff received 'spot check' observations every three months of their practice by senior staff with feedback based on observation and the experience of the person receiving care provided.

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. Assessments had been made of people's capacity to consent to receive care and support such as personal care and support with taking medicines. One person had a detailed assessment regarding their capacity to consent to receiving support from the service. As a result support was being provided in their best interests. The decision had been made with input from family and health and social care professionals working with the person. Staff had completed training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions.

People received support to have meals in their individual accommodation. This involved staff microwaving meals, preparing snacks for some people and some cooking for others depending on people's needs and preferences. One person received individual support to eat their meals. Some people we spoke with chose to take their meals at the restaurant in the retirement village. All staff had received training in food hygiene. People were satisfied with the support they received to eat and drink.

People were supported to manage their health care needs depending on their levels of independence. When staff noticed changes to people's health they contacted health care professionals to arrange visits with the

person's permission. One person was positive about the support they had received from staff to access a health appointment after an injury to their toe. Recently people had sent a joint letter to a local health trust regarding visits to the retirement village by community nurses with suggestions of how the service could be organised and improved.

Good

Is the service caring?

Our findings

People had developed positive caring relationships with staff. Care plans and people's biographies contained detailed information for staff reference about people's preferences and personal histories for staff to understand people they provided care to. People we spoke with and their representatives confirmed staff were kind and caring. One person said "They treat me with respect all the time" and told us staff asked permission to enter their apartment. Another person said "They are very good towards me". Another described staff as "very kind people" and said "I've never had anybody being rude" they were impressed how staff always checked on their well-being. Another person told us staff were polite and they had a good rapport with them they said "I get on quite well with the staff". People's religious needs were known to staff and flexibility with when personal care was provided enabled some people to meet their religious needs.

We witnessed staff using a warm, friendly yet professional approach when interacting with a person and their relative on a visit to their apartment. Appropriate interactions were continued throughout the visit. Moving and handling procedures were explained to the person throughout the intervention to ensure their comfort and understanding.

Reviews of people's care was carried out through consultation with them and their relatives as appropriate. This was confirmed by people, their relatives and staff. Two people told us how staff had sat down with them to discuss their care and the content of their care plans. Biographies were also completed. The provider information return (PIR) stated "Biographies are developed with residents to inform staff of residents' preferred lifestyles". One person commented "They involve me every which way". Where appropriate people signed their care plans to indicate they were aware of the contents and in agreement with them. Information about local advocacy services was available for people. Advocates are people who provide a service to support people to get their views and wishes heard. One person was making use of the services of a statutory advocate supporting them with decision making processes.

People's privacy and dignity was respected and promoted. People confirmed their privacy and dignity was respected by staff. One person told us "they always knock". We witnessed staff knocking on doors before entering people's apartments. Arrangements for entering people's apartments were described on daily visit lists for staff such as whether people preferred staff to knock and enter or knock and wait to be let in. People's care plans included the actions for staff to take to preserve their privacy and dignity and these were followed. Staff gave us examples of how they would act to promote people's privacy and dignity such as ensuring doors and curtains were closed and people were covered up. During the moving and handling procedure we observed staff ensuring a door was closed at one point to promote a person's privacy and dignity.

People were supported to maintain their independence. Staff were aware of the importance of promoting people's independence. One member of staff told us, "I always encourage the person to do as much for themselves as they can". The registered manager described the approach to promoting people's independence where success could be measured with some people through reduced care hours. We witnessed staff encouraging a person to do some tasks they were able to complete themselves when they

supported a person to move from a wheelchair onto their bed.

Good

Is the service responsive?

Our findings

People received personalised care in response to their needs. People were positive about the care they received. One person told us "It's really good". They also told us how staff provided the care they needed and commented "They listen to anything you have to say" and "They do anything to suit you". Some people received earlier staff calls on certain days of the week for when they needed to receive care and support earlier to attend events. Calls were also rearranged when people needed to leave earlier to attend outings or other large social functions organised by the retirement village. One person had funded hours to receive support to engage in activities that were provided through the facilities of the retirement village. Another person living with dementia received staff visits earlier in the evening to support them with any anxieties about this time of day.

People living with dementia received additional support from a dedicated member of staff. The person described their role to us and worked on a flexible basis providing appropriate support to people living with dementia and staff supporting them. Staff had an awareness of providing personalised care. One member of staff told us personalised care meant "adapting the care for what people want or need" another said providing personalised care was "all about the person". Detailed care plans were in place for staff to follow to meet people's individual needs.

There were arrangements to listen to and respond to any concerns or complaints. The provider information return (PIR) stated "Our customer service training emphasises positive complaints handling (valuing complaints) and responses, showing empathy". People's care plan folders in their apartments contained a form titled "Tell us how we are doing" for feedback about the service provided. We saw how people had made use of these. Information about where to refer a complaint if a complainant was not satisfied with the response from the service was available.

We looked at the responses to complaints received by the service in 2016. These were investigated and comprehensive written responses given to complainants as well as individual meetings to discuss the complaint. Complaints were taken seriously, in a response to one person's complaint the registered manager stated, "I take it seriously that you consider things are slipping". Actions were taken in response to issues raised to ensure improvement of the service provided. For example as a result of one complaint, changes to the procedures for introducing new staff to people using the service were made. We spoke with one person who had made a complaint. They told us they were satisfied with how it had been dealt with and with the outcome, there had been no problem with the issue they raised since.

People were able to have their say on the care provided. A well-being sub group of the resident's association met on a regular basis. Also a care forum which started in June 2016. This enabled people receiving care to keep up to date with any developments and news about the service and raise any issues. In addition management used informal opportunities to engage with people to hear their views such as during activities or in the communal areas of the retirement village. A weekly 'drop-in' service with head of care was held in the retirement village. This enabled people and their representatives to meet with the head of care and discuss any care issues.

Good

Is the service well-led?

Our findings

The provider had a clear direction with setting out the aims for the organisation as a whole. This included a vision, "Better lives for older people", a mission, "To give older people an independent, safe, secure future in a network of inspirational communities" and values including "respect individuals", "listen-aim for excellence", "embrace diversity" and "value our staff and volunteers". Minutes of staff meetings demonstrated how the mission, vision and values were communicated to staff. Staff were informed about issues such as developments with the service, staff recruitment and discussion around people's individual needs. Separate meetings were also held for team leaders. Staff were positive about their work, and spoke positively about team work. One member of staff described St Oswald's Retirement Village as "A really nice place to work."

Staff demonstrated an awareness of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The service had a registered manager who had been registered as manager of St Oswald's Retirement Village since November 2015. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The registered manager was supported by a head of care.

The registered manager and head of care were accessible and approachable for people using the service and staff. One person told us "If they can't see you when you ask them they will make time to come back later." People and staff were positive about the management of St Oswald's Retirement Village. One said the service was "very well-led", another told us the service was "managed very-well". Links with the community outside of the retirement village had been made by the management through a local care providers association and a local health and well-being forum where the registered manager was due to give a presentation. The registered manager described one of the current challenges of running the service in terms of providing personal care, as recruiting enough regular staff with the aim of decreasing the use of agency staff.

People benefitted from checks to ensure a consistent service was being provided. A range of audits were carried out such as a training audit and an audit of care plans with any areas for action highlighted. An overall audit of the service had also been completed in May 2015 examining areas such as complaints, safeguarding and risk management. An internal unannounced inspection had taken place in August 2016 and a copy of the findings were with the registered manager. This included some recommendations for improvement actioned assigned to various members of management and staff with a completion date. A continuous improvement plan was also in place dated August 2016. A care satisfaction survey had been

completed in June 2015 following surveys sent to people to complete in February and March 2015. People were asked their opinions on areas such as the standard of care, staff communication and privacy and dignity with generally positive responses.