

Brunelcare

# Waverley Gardens Extra Care

## 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

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 was a comprehensive inspection. The inspection took place on 6 December 2018 and was unannounced. We gave the service 48 hours notice. This is because the service provides care to people in their own extra care housing, and we needed to be sure there would be someone available to support the inspection.

The inspection was carried out by two Inspectors and an 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. Prior to the inspection we reviewed the Provider Information Return (PIR). This is a form that the provider completes to describe the service, what they are doing well and any areas they intend to improve. We also looked at notifications. Notifications are information about specific events the provider is required to tell us by law.

As part of the inspection we spoke with 15 people who use the service, five of these were in their flats and the others were contacted by telephone. One relative was also present when we spoke with a person in their flat. We reviewed four people's care records and looked at other documentation relating to the running of the home such as audits, MAR sheets and staff records. We also spoke with the registered manager and three care staff.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Waverley Gardens Extra Care

## **Detailed findings**

### Background to this inspection

Waverley Gardens is a complex of 66 extra care housing flats, where people can receive support with personal care if they need it. Care staff are based in offices at the accommodation. There is a restaurant available for people to use if they wish to.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People using the service were all positive about the care and support they received. They told us they got on well with staff and that staff treated them with dignity and respect. People's independence was encouraged.

People using the service were safe. There sufficient staff to meet people's needs and ensure their safety. There were risk assessments in place to manage the risks associated with people's care. Some people required support with their medicines and these were administered safely when required.

The service was effective. People's health needs were met in conjunction with healthcare professionals. There was a restaurant available for people to use if they wished to and staff were able to take meals to people's flats when required. Staff were aware of and worked within the principles of the Mental Capacity Act 2005. Staff received good training and support to help them carry out their roles effectively.

The service was responsive to people's needs. Staff understood people as individuals with their own needs and preferences. There was a complaints process in place. When formal complaints were made these were

investigated thoroughly and an outcome provided for the complainant. Support plans were person centre in nature and gave clear information about people's lives prior to arriving at Waverley Gardens.

The service was well led. There was a registered manager in place. They received support from the provider through regular meetings with other service managers. People and staff were all positive about the support and leadership of the registered manager. There were systems in place to monitor the safety and quality of the service provided.

Further information is in the detailed findings below

# Is the service safe?

## Our findings

People using the service were safe. Comments included; "yes I feel safe living here, I have a pendant I wear around my neck and I just need to press it, I have used it and they respond very quickly", "yes I feel safe, the family are so happy with the home and know I am happy and that makes a real difference to them as at home I was not" and "yes I feel safe living here, I have a pendant I wear around my neck and I just need to press it, I have used it and they respond very quickly". For those people we met in their flats, we saw that they had means of calling staff in an emergency. One person told us that on one occasion when they'd needed to use it, staff were there in "seconds."

Staff said that in the past there had been some difficulties with staffing levels but this had improved recently. Staff told staffing levels had improved with the current manager. People told us, although staff were occasionally late, they had never experienced missed calls. Comments included; "The visit times are always around the same time, they have never not shown up" and "sometimes they are a little late, but that's not a problem, I never know who is coming but it's the same group of carers" and "sometimes the times are different but they are never too late think the longest I have waited is 30 minutes"

There was a recruitment process to make sure prospective staff were suitable to work with vulnerable people. We looked at the recruitment records of four staff who were recruited recently. They had each completed an application form with an employment history, they had one reference, proof of identity, a check of the right to work in the UK, they had completed a health declaration form and there was a record of an email stating the human resources department had received a Disclosure and Barring Service (DBS) certificate and the person was suitable to be employed and start induction. Three of the staff had photographic proof of identity in the form of a copy of a passport or photo driving license the other had a copy of their birth certificate as proof of identity. Three members of staff had gaps in their employment record and there was no record of an explanation for these.

There were risk assessments in place to support staff in providing safe. These gave clear information about the risks involved in people's care and the measures needed to ensure they were safe. These included risk assessments in relation to the risk of developing pressure damage to the skin and the measures in place such as specialist mattresses.

People's needs in relation to their medicines were clearly assessed. Some people managed their own medicines or just needed prompting from staff to ensure they had taken their medicines as prescribed. Other people needed more help and staff administered medicines for them. This was recorded on Medicines Administration Record (MAR) charts. The MARs we reviewed were completed accurately with no errors or admissions. The training records showed that staff had training in medication and their competence to administer medication was assessed. The supervision notes showed that this was monitored in one to one supervision meetings and staff were offered additional support if required. Medication errors were monitored and followed up with the relevant staff member in one to one.

People using the service were safeguarded from the risks of abuse. Staff said that there was a safeguarding procedure and that they knew how to report concerns about abuse to the managers and to social services.

They had received training about safeguarding adults from abuse and this was refreshed.

Staff were aware of good hygiene practice. They said that they had training about infection control and they had hand sanitisers and personal protective equipment (PPE) such as gloves, aprons and shoe covers, around the building. There were domestic staff to clean the building.

# Is the service effective?

## Our findings

The service was effective. People told us; "my care plan reflects my needs and I can always add to it if needed", "they always write in the care plan on every visit, the communication is very good" and "when new staff are learning they are always chaperoned first and introduced".

Staff were positive about the training and support they received. For new staff joining the service there was an induction programme in place. Each member of staff had seven days of induction training. They also had online training in medication, fire awareness, GDPR, safeguarding adults and they were expected to complete the care certificate in the first three months of work. The Care Certificate is a nationally recognised qualification providing staff with the skills to work in the care sector. Each of the staff had a competency assessment for medication handling. We spoke with the manager who said they had identified that some of the care certificates were behind. They showed us a plan they had set up to ensure all staff had completed the care certificate. One of the new staff had already completed the care certificate and the other two were working towards and had a target date to complete.

We spoke with a senior member of staff who showed us the training matrix. This showed that most staff had completed all the mandatory training including, safeguarding, health and safety, manual handling, fire awareness, food safety, and emergency first aid. Some new staff were booked on to the next available course in emergency first aid. The matrix identified when dates were due for refreshing mandatory training. There was also specialist training such as dementia, and nutrition and training relevant to staff's professional development. The managers also had training relevant to their roles.

We looked at the supervision records for four staff; they showed that they had two or three one to one supervision meetings, an appraisal and an observation of practice in the last year. The appraisal and supervision matrix showed that staff had two or three one to one meetings and an appraisal a year. Staff confirmed that they had one to one supervision meetings, an annual appraisal and spot checks of their practice.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). 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 saw that mental capacity assessments were carried out when necessary and if a person was found to not have capacity to make a decision, a best interests decision was made on their behalf.

People's health needs were met. We looked at the care plans for one person who experienced mental health difficulties. There was information included about who to contact in the event of a mental health crisis. Staff also worked alongside district nurses when there were concerns about people's skin. Staff used a system to monitor people's skin and report any concerns to the nurse.

There was a restaurant on site for people to use if they so wished. And staff were also able to bring meals to



people's rooms if this suited them better. People had facilities for making their own meals and snacks in their flats.

## Is the service caring?

### Our findings

People were positive about the care they received at Waverley Gardens. Comments included; "words fail me, its excellent, the staff chat away to me lots, it is human contact of the nicest people", "very happy with it, the staff always seem happy, chatting all the time we have great friendly banter, I like that." And "the carers are lovely they always chat with my husband as well, they ask how I am feeling and when they leave always check if I am happy and ask if there is anything else they can do".

People were treated with dignity and respect. Staff told us they make sure doors and windows are closed to offer privacy and they cover people with towels when offering personal care. They said they wouldn't talk about people's care and never mentioned people's names in communal areas. "they test the heat of my shower and keep my dignity by covering me up quickly when I come out, they help me a little but they are aware that they should just support me and not take over". Another person told us me "they respect your home and leave things as they find them and I would give the cleaning 8/10 and that's good as I am very house proud".

Staff were kind and caring in their approach. We observed how staff greeted people in a friendly manner and a pleasant tone of voice. When one member of staff came in to a person's flat, they clearly explained what they were there for and that they would try and come back later for a chat. A relative commented "it's wonderful they are very patient".

Tenants meetings took place and these were an opportunity for people to offer their views and opinions. One person told us that staff supported them to attend the meetings and that the meetings were useful for keeping up to date with what was going on. Care plan reviews also took place and this was an opportunity for people to express their opinions about the individual care they received.

## Is the service responsive?

### Our findings

The registered manager had clear ideas about how they wanted to develop the service further to make links with the community. They told us for example they wanted to get a toddler group to take place at the service as they recognised the benefit this could bring people using the service. People told us there were plenty of activities they could take part in if they wished to. Comments included "we have lots of trips out now and there are crafts and singing in the lounge most weeks" and "activities are very good we have a great social downstairs"

There was a strong person centred culture within the service and staff worked hard to meet people's individual needs and wishes. One person for example, had expressed a wish to keep a dog with them at the service as this was something they had always enjoyed and wanted to continue with. Since joining the service, the registered manager had changed the rules to allow people to keep their own pets. For the person concerned, the manager had helped them successfully find a dog that was suitable to keep at their flat. The registered manager told us how people at the service all enjoyed seeing the dog around and about. We also heard about one person who was blind and so the registered manager produced newsletters in a format suited to their needs. One service user told me that they had requested not to have a male carer and that they respect that.

People's support plans were person centred nature and gave a clear picture of people's individual needs. There was information included about people's lives prior to coming to live at the service. This helped staff understand people as individuals. People's preferred routines were set out and the support they required from staff. This included reference to the aspect of people's care routines they could manage for themselves. People had goals they were working towards; this included things such as the activities they wanted to be involved in. Staff recorded the progress people were making towards their goals. Support plans were reviewed to ensure they were up to date and reflective of people's current needs.

The registered manager told us how they had listened to the ideas of people and put them in to action. One person for example had given a number of ideas for activities. This included a 1940's afternoon. We saw photographs of this, showing people enjoying themselves. This person had also suggested a harvest festival take place and the registered manager had arranged for this. This person talked very positively about the registered manager and how much they had helped them.

There was a complaints procedure in place; we saw that when concerns were raised, these were suitably investigated and a satisfactory outcome reached for the person raising concerns. Apologies were made by the service, when aspects of their processes had fallen short on occasion, and action taken to prevent recurrence. People told us they had never complained but one service user told us they weren't happy with their cleaning recently "my cleaning is not as good as I would like so the manager checks after and will address anything, what she says she will do and it has improved".

Reference was made to people's end of life wishes. For example, some people had funeral plans in place and this was recorded in their care information. Other people expressed the wish to discuss these plans

directly with their families.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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.

The registered manager had support from the wider organisation, there were meetings of all the extra care housing managers within the organisation, where best practice and new ideas were shared. The whole organisation also met twice per year. Within the service, team meetings took place to discuss developments and any issues. Newsletters were produced for people using the service. This gave information about all the activities taking place that month and any news about the service.

People were all positive about the registered manager and evidently found her approachable and easy to talk to. Comments included; "the manager is so nice, she is very friendly-best thing we have here", "the manager is wonderful, I can talk to her no problem", "staff and residents like her, you can tell with how everything works people are happy, she is an experienced paramedic which helps you have trust". Staff were also positive about the help and support they received from the registered manager.

Staff told us there was a vision for the service to provide the best care and promote respect and dignity. This was reflected in the positive feedback from people using the service who told us they were treated well and with respect.

There were systems in place to monitor the quality and safety of the service. For example, we saw that the registered manager carried out an analysis of the of the accidents and incidents taking place to identify any trends in the kinds of incidents occurring. For some people experiencing a high number of falls, this had led the them moving to nursing accommodation that was more suited to their needs. Medicines were also audited, as were care plans. This led to action plans being generated where shortfalls were identified. Senior staff undertook visits to people using the service to gain feedback on the service they received.