

Brunelcare

# Colliers 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

The inspection took place on 25 and 26 April 2017 and was announced. We gave the registered manager 48 hours notice of the inspection to ensure people we needed to meet with were available. This was a return inspection to a service we had rated as overall Good in March 2016. However, the safe area had been rated as Requires Improvement (no breach of regulations) because there were minor discrepancies with the records kept in respect of medicine administration. We followed up on this at this inspection.

The service was provided to people who lived in the Colliers Gardens Extra Care housing complex. There were 50 one and two bedroomed flats within Colliers Gardens and at the time of our inspection a care and support service was provided to 35 people. Other people in Colliers Gardens received domestic or social support from the staff team. The service employed 24 staff in the care and support team, which included two team leaders and two seniors. In addition there were five bank staff who supported the service and worked when needed.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were safe. People were protected from harm and staff knew what to do if there were concerns about a person's welfare. They received safeguarding adults training and were aware of what constituted abuse. They also received training in moving and handling people so were able to do this safely following the correct procedures. There were robust recruitment procedures in place which meant unsuitable staff could not be employed by the service. Any risks to people's health and welfare were well managed and strategies put in place to reduce or eliminate the risk. Where required people were supported to take their medicines safely.

People received an effective service. The assessment and care planning arrangements in place ensured that people received the service they expected and had agreed to. Staff received the appropriate training and support to enable them to undertake their roles effectively. They were able to tell us about the people they looked after and how they supported them. People were supported to eat and drink sufficient amounts where this was an assessed need and care was provided for this purpose. People were supported to access health care services if needed.

People received a caring service. The feedback we received about the staff team was that they were kind and caring and treated people with respect and dignity. The staff spoke professionally about the people they supported and had good working relationships with them. People had the opportunity to have a say about the support they received and how their service was delivered.

People received a service that was responsive to their particular needs. They were provided with care and support that took account of their wishes and specific requirements. Their care plans were regularly

reviewed and the plan of care adjusted accordingly. People's preferences and choices were respected. They were encouraged to express their views about the service they received and were listened to.

People received a service that was well-led. The registered manager, team leaders and seniors provided good leadership and management for the staff team. There were good quality assurance systems in place to measure the quality and safety of the service. The registered manager used feedback from people and outcomes of any audits to look where improvements could be made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People said they were safe. Staff were aware of their responsibilities to safeguard people and to report any concerns they had.

Recruitment procedures ensured only suitable staff were employed. The number of staff on duty ensured people's care and support needs could be met.

Any risks to people's health and welfare were assessed and then well managed. Improvements had been made with how medicines were managed and this was now safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Colliers Gardens Extra Care

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide an updated rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not asked the provider to send us their provider information return.

We contacted health and social care professionals and asked them to tell us about their experience of working with the care and support staff. Three provided us with positive feedback which we have included in the main report.

During the visit we spoke with the registered manager, their line manager and six members of the care and support team. We spoke with eight people who were provided with care and support from the service and the relative of one other person. We looked at six people's care records, five staff recruitment files and the training records for the staff team, key policies and procedures and other records relating to the management of the service.

## Is the service safe?

### Our findings

People were safe. They told us, "It is so reassuring knowing there is someone near by who can help me", "The staff are very polite and courteous and I have never been worried about them", "I don't have to worry about a thing, I am treated really well" and "The staff are so professional and kind. My husbands safety is their priority". One relative told us their mother was safer now then when she lived in the community and added, "I wish she would have agreed to move here sooner. It is a great weight off my mind".

Staff received safeguarding adults (and safeguarding children training because children may visit Colliers Gardens) and were aware of their responsibilities to keep people safe. The training was refreshed on a regular basis to ensure staff remained up to date. Staff knew what to do if they were told about, witnessed or suspected that a person was being abused. They would report any concerns they had about a person's safety to the registered manager, team leaders or the seniors but knew they could report concerns directly to the police, Bristol City Council and the Care Quality Commission. Details regarding the reporting protocols were displayed in the main office, the seniors off and the staff room.

Since the last inspection the service had raised six safeguarding alerts where they had concerns about a person's welfare and safety. Two were in respect of poor hospital discharge arrangements and two were in respect of concerning relationships people they supported, had with family or friends. The remaining two were in respect of staff conduct issues and appropriate action was taken by the service to safeguard people. No safeguarding concerns have been raised by other parties regarding this service and the staff team.

The service followed robust recruitment procedures to ensure unsuitable staff were not employed. Pre-employment checks included an application form, interview assessment, written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people.

A number of risk assessments were completed as part of the overall assessment of a person's needs when the service was started. These included risks of falling, pressure area damage, medicines and moving and handling tasks. These were kept under review whilst the service was being provided. Where people needed to be supported to move or transfer from one place to another a plan was in place setting out the equipment to be used and the number of staff required. The safety and security of each person's flat was reviewed on a monthly basis to ensure it was a safe place to live and a safe place for the staff team to work. Staff were expected to report any health and safety concerns to the senior staff and those we spoke with confirmed this.

Any accidents or incidents that occurred had to be reported and recorded. Records were kept of any actions taken post event. The prevalence of any accidents and injuries was analysed on a monthly basis in order to identify any trends. This meant the service was able to put measures in place to reduce or eliminate the chance of a reoccurrence. One example of incidents they particularly monitored was falls but the analysis in January, February and March had not highlighted any patterns.

The service had sufficient staff in order to meet the needs of those people being supported, plus had a number of bank staff who could be called upon to cover shifts. Agency staff were used on occasion when there were unfilled shifts, generally the overnight shift. There was minimal planned care provided between the hours of 8pm and 8am. At the time of the inspection in order to meet each person's planned care there were nine care staff on duty in the morning and four or five in the afternoon/evening. Staff stated staffing levels were sufficient and they were able to complete all tasks expected of them. The staff rotas and work plans were organised by the team leaders. People could be looked after by any of the care and support team however where staff had a particular rapport with a person or had specific skills they would be allocated to do the calls for that person. Any unplanned care calls via the emergency call bell system were responded to by the care team and a log was kept of the frequency of these in order they did not impact upon planned care calls. If the unplanned care calls became frequent, the registered manager or team leaders would request a review of the care package from social services for additional funding and calls.

There was an on call rota shared by the team leaders, the seniors of the registered manager, if staff needed advice in the evenings and at weekends.

People were encouraged to retain responsibility for their own medicines where possible. However the level of support and assistance people needed to manage their medicines was assessed as part of the overall care needs assessment process. The exact level of support to be provided was then recorded in the person's care plan. The provider's medication policy and procedure, issued in January 2017 stated the person had to provide consent to be supported, staff had to be trained and competent and support could only be provided with prescription medicines. All staff completed safe medicine administration training followed by at least three competency assessments. Staff confirmed they were trained and that competency assessments had been carried out. A medicine record was completed after medicines had been given and the forms were checked each month for completeness. Because of the measures in place people were protected against the risks associated with medicines. We discussed with the registered manager two areas where minor improvements were needed and immediate action was taken to make systems more robust. These were in respect of handwritten medicine records (which should be countersigned to eliminate the risk of error in transcribing) and the records maintained when staff were taking delivery of specific medicines.

## Is the service effective?

### Our findings

We asked people if the service was effective and they told us, "I get the help I need to manage, if I didn't, I think I would have to go in to a home", "Yes, I get exactly the help I need", "A lady came and saw me before I moved here and talked about the care service I could be offered. There have been some adjustments along the way but it all works very well" and "The service is first class".

Any new staff joining the team had an induction training programme to complete. This included moving and handling training, safeguarding, health and safety, principles of care, safe medicines and equality and diversity. For those where this was their first care job, they had to complete Care Certificate training programme. The Care Certificate is the minimum standard of induction training for those commencing a career as an adult social care worker. It comprises of 15 modules to ensure workers were suitably trained and able to deliver safe, effective, responsive care. During the completion of the care certificates there was evidence that meetings had taken place regarding actions plans to enable completion of the certificate. Two members of staff had fallen behind on completing the training modules however these had been signed off as complete.

All staff had a programme of mandatory refresher training to complete, either on a yearly, two or three yearly basis. Each staff member had a training file where their certificates of attendance at training courses were held. In addition the administrator had a training matrix and was able to identify those who needed their refresher training and arranged this. As well as mandatory training staff had received training in the Mental Capacity Act 2005 (MCA), end of life and palliative care, pressure area care, bereavement and loss and stoma care for example. In the staff room information was displayed regarding the theme for the month. This might be in respect of a health condition, new to the service and meant staff were able to increase their knowledge. Staff were encouraged to complete relevant health and social care qualifications and seven care staff had already achieved a level two or three award. The arrangements in place for staff training meant people were looked after by staff with the necessary skills and competencies.

Staff had a regular supervision meeting with either a senior, a team leader or the registered manager. The 2017 supervision matrix evidenced that each staff member had supervision every other month. Supervisions were undertaken either by the registered manager, the team leaders or the senior care and support worker. In addition staff had an annual appraisal where their work performance was discussed and any training and development needs planned for. Team meetings were held on a monthly basis and if staff were unable to attend, the notes from the meetings were displayed in the office or staff room. At the start of every day a handover report was given and the staff were informed of their work rota for the shift. These measures ensured the staff team worked together and communicated any changes needed. Those staff we spoke with were knowledgeable about the people they supported.

Staff completed time sheets recording the actual time they arrived and departed and these were then signed by the person. The sheets were checked and used to invoice people and/or the local authority. The measures in place ensured each person received the level of support for which they were funded.

Staff gained people's verbal consent before starting to provide any assistance or personal care and had received training in the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Those people who we visited told us the staff always asked for their agreement before delivering care or support.

People were provided with assistance to prepare meals and to eat and drink where this had been identified as a care need. Their care plan would state the exact support the person needed. Within Colliers Gardens there was a restaurant and people could go there for their breakfast, lunch and tea-time meals. They were also able to arrange 'takeaway meals' which the staff were able to deliver for them. People would be escorted to the restaurant if need be. Meals could also be delivered to people's homes. Where people were at risk of malnutrition or dehydration, this was recorded in their care plan and the staff kept an eye of them. Any concerns would be reported to the senior staff and health care professionals.

Staff assisted people to contact their GP or other health care professionals when necessary. They told us about occasions when they had worked closely with allied healthcare professionals, for example, occupational therapists and physiotherapists. Staff told us they would report any concerns regarding people's health and welfare to the registered manager and would also make a note in the person's care notes. One GP emailed us and said, "The staff at Colliers Gardens are very professional in their role and very helpful. Whenever I give specific instructions regarding health management, I am confident that this will be followed through effectively by the staff members".

## Is the service caring?

### Our findings

People were very complimentary about the staff who looked after them and provided them with care and support. It was evident people who used the service were treated with respect and dignity. They said, "All the staff are so friendly and very nice", "The staff are very good. Always polite and courteous", "They treat me like family" and "It is so lovely to live here, in such a kind and caring place". One relative said, "The staff are really good with her. They work within her dementia". A social care professional told us, "the care is really good and I would recommend Colliers Gardens to anyone".

Staff spoke respectfully about the people they supported and demonstrated their caring nature. They said they were able to get to know people well and what support they needed and how they liked this delivered. It was evident the staff team worked well together and they each supported each other. They told us a respected member of the team was due to move on to alternative employment soon and they were all "sad" about this.

People were very much included in deciding how they wanted to be looked after. Their views and opinions were seen as paramount in putting together their care plan. We noted that one person had declined to sign their care plan because all the tasks the person needed help with were allocated to a particular day or time. They had written on their care plan the following, "I would like the carers to be flexible in their approach as my routine changes day by day". The staff team respected this person's wishes and understood this 'control' over their daily life was important to them. People's preferences, likes and dislikes were always respected. They were asked by what name they preferred to be called and any preferences regarding the gender of the staff. There were a number of male care staff in the team.

We looked at the compliments folder where thank you letters and cards received by the service were kept. Examples of accolades the service had received included, "A huge thank you . We cannot thank you enough for the care you provided for X over the last couple of years", "devoted and passionate carers" and "Thank you for giving us a bumper Christmas".

The staff told us that Brunelcare was a good care provider to work for. Some told us they had worked for other care providers and Brunelcare was by far the best. They said their welfare was seen as being as important to the quality of the care service provided and the 'whole team looked after each other'. Brunelcare had an award system in place and five and 10 years employment was officially recognised by them.

The staff team would always try to look after people when they were unwell, very poorly or at the end of their life and continue to provide a care and support service in their own home. Some of the staff had received end of life and palliative care training to prepare them with the skills and competencies to fulfil this role. In order to be able to achieve this and meet people's wishes the staff team would need to work alongside health and social care professionals and any family and friends involved in the person's care. The level of service the person required would be adjusted as often as necessary.

## Is the service responsive?

### Our findings

People received the service they had discussed with the registered manager, the team leaders or the seniors. They told us the staff always arrived to complete their planned care calls at about the time they were expecting the call. The staff told us the timing of their calls allowed for 15 minutes leeway. If they were to be delayed even further the office staff would contact the person to explain and if necessary make alternative arrangements. People made the following comments, "A couple of weeks back I asked if I could change the time of my call because I had a hospital appointment. They sorted it", "I get the exact help I need" and "The amount of help we receive has varied over time. The care staff came more often when I was unwell and then was dropped down again as I got better".

The assessment and care planning arrangements in place ensured each person received a service that met their individual care and support needs. Their care records provided an overview of the person's medical history, their 'life so far' and a timetable detailing when care and support was provided and the tasks to be completed. Each person had an individually devised plan, there was a good level of detail and the instructions for the staff to follow were clear. People had signed their agreement to the content of the care plans.

Each person had a care file in their home which contained a copy of their care plan, information about the service, significant telephone numbers and a copy of the complaints procedure. Those people we spoke with told us if they had any concerns they would not hesitate in raising this with the staff. Each person felt sure they would be listened to and appropriate action would be taken but were keen to stress "there was nothing to complain about".

Care plans were reviewed regularly after set up and then on at least a six monthly basis. People we spoke with confirmed these arrangements. The registered manager told us care plan reviews would be brought forward if people's needs changed or they were making a lot of 'unplanned care calls' using their emergency call bell system. Staff were expected to report any changes in people's care, support and health needs to the senior, the team leader or the registered manager.

People were able to attend 'tenants meetings' and express their views and experience of living at Colliers Gardens. People were encouraged through these meetings to comment on tenancy issues, planned activities as well as the care service they received. This meant they had an opportunity to have a say about life at Colliers Gardens.

People had the opportunity to attend a range of social activities held within the communal areas of Colliers Gardens or out in the local community. There was a weekly programme of activities and the staff team would support any person to get to an activity if they needed assistance. There were arts and crafts sessions, seated exercise groups, coffee mornings, singing groups and trips out to the shops, garden centres and other places of interest. In addition, community groups used the communal facilities at Colliers Gardens for their clubs, some of which, the people who lived there were able to join in with.

The registered manager had logged four formal complaints received in the last year and each of the complaints had been handled in accordance with their handling complaints policy. Appropriate action had been taken with each of the complaints. Only one of these complaints was in respect of the care and support service provided by the team. The other complaints were in respect of car parking spaces, termination of tenancy arrangements and the catering arrangements on Christmas day. This evidenced that the service takes any complaint seriously, acts to put things right and to prevent a reoccurrence of the issue. The Care Quality Commission have received no complaints about this service.

## Is the service well-led?

### Our findings

The registered manager had been in post for a period of a year and had worked in care roles for 14 years. They led a team of care and support workers and were supported by the two team leaders, two seniors and an administrator. The registered manager was responsible for the care and support service as well as the building and tenancy arrangements. There was a good staff structure in place to ensure the care and support service was provided as planned. An out-of-hours on-call system was in place to provide support to the care and support staff when the registered manager was not on duty.

The service provider's vision was to ensure people were helped to make the most of their lives. The aim was to provide a service that met the specific needs of each person, to enable the staff to do their jobs to the best standard and to create great communities to live and work in. It was evident from speaking with the registered manager and the staff team this was a vision shared by all.

People told us the care and support they received was well managed and lived up to their expectations. A number of people told us the registered manager had visited them in their home to check out if everything was alright or to deal with any issues they had raised. One person supported told us, "(manager's name) is brilliant as a manager and I am sure it is because she was a carer here and knows what's what". A member of staff described the registered manager as "amazing and very approachable".

The staffing structure was arranged in to two teams and staff were well supported. Staff felt the service was well-led and the registered manager provided good leadership and management. The team leaders were currently doing middle management training. Staff said they would recommend Colliers Gardens as a place to work. We found the registered manager, team leaders and seniors to be approachable and knowledgeable about the people they supported. Team leaders and the seniors covered care calls as well as having a management role. Staff told us that they were able to make suggestions about their work rotas and people's care calls.

Staff meetings were held on a monthly basis and staff were able to have a say about their work and how things could be done better. Staff told us they were listened to. The notes of the meeting were displayed in the main office for those staff to read who could not attend. The care team had access to the handover communications book and were expected to read this before they started their shift. This meant they were updated on current information and any changes. Staff had to sign each page to evidence they had read and understood the information given.

The registered manager had to complete monthly reports for their line manager. These reports included the numbers of care plan reviews, staff supervisions and spot checks, staff meetings and 'service user' issues for example. These measures ensured the provider was kept informed of how the service was functioning.

The service had a programme of regular audits in place. These included care documentation, medicine administration records, training and supervision records, falls, accidents and incidents and health and safety. Any accidents and incidents, complaints or safeguarding alerts raised were recorded electronically.

and analysed in order to identify any trends. This enabled the service to make any improvements and prevent reoccurrences.

The service also had a programme of surveys they used to gather feedback from people and the staff team. A catering survey had been completed in February 2017 and this showed that 95% of people found the restaurant services excellent or good, with a few saying the services was fair. A staff survey had been completed in December 2016 but the response rate had been disappointing. The registered manager said the results had been discussed in the following staff meeting. A 'tenants' survey had been completed in July 2016 and people were asked to feedback about the gardens, the premises and facilities, catering and the activities. We asked the registered manager how they gathered feedback from people about the care and support service they were provided with and were told this was gathered during care plan reviews. These reviews were carried out on at least a six monthly basis.

The provider had two other extra care housing schemes in the Bristol area and the registered manager attended regular meetings with the managers from those services and of their domiciliary care services. These meetings enabled the managers to share best practice and outcomes from any CQC inspections. The registered manager told us they were currently involved in a project looking at the introduction of apprenticeships in the service.

Notifications of any events that had occurred at Colliers Gardens had been submitted to CQC as the service is required to do so by law. These notifications tell us about any events that had happened in the service and we use this information to monitor the service and check how any events had been handled. In the last 12 months the registered manager had notified us about safeguarding alerts they had raised and a number of expected deaths. During the inspection we discussed with the registered manager the requirement that notifications about deaths only needed to be submitted if a person using the service died whilst care was being delivered.

The provider Brunelcare regularly reviewed their policies and procedures and staff were always notified when a policy had been amended. These were then displayed on the noticeboard in the staff room and staff had to sign to say they had read and understood the changes. The staff team were able to access the policies either online or in the policies manual.