

Redditch Borough Council

St David's House

Inspection report

Willow Way
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Redditch
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28 March 2019

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24 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

St David's House provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

Not everyone living at St David's House receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care. There were 20 people receiving the regulated activity of personal care from St David's House at the time of the inspection. People supported included older people and people living with dementia.

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

People's experience using the service:

- People felt safe. There were systems in place to protect people from the risk of abuse and harm. Medicines were managed safely.
- Staff had sufficient training and knowledge to effectively meet people's healthcare needs.
- People were treated with dignity and respect and were encouraged to maintain their independence. Staff showed warm and caring attitudes to the people that they supported.
- The care and support people received reflected their personal needs and preferences.
- Processes were in place to monitor and improve the quality of the service, there was a culture of openness and of reflection and learning from any incidents identified.

Rating at last inspection:

- The last inspection took place on 16 December 2015 and was rated good in all areas.

Why we inspected:

- This was a planned inspection to check that this service was meeting the regulations.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details of our Caring findings are below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

St David's House

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:

The inspection team consisted of one adult social care inspector.

Service and service type:

The provider provided specialist 'extra care' housing. Extra care housing is a purpose-built building or an adapted single accommodation in a shared building or site. The accommodation was bought or rented and was the person's own home. People's care and accommodation are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; This inspection looked at people's personal care and support service.

People using the service lived in bungalows and flats which were on one site.

The service had a manager registered with the CQC. 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 due to the staff and people we needed to speak to being on one site.

We carried out the inspection visit on 28 March 2019 where we visited the office to see the registered manager, nominated manager and staff. We also spent time with people that used the service, looked at care records and policies and procedures.

What we did:

Before the inspection we looked at information we held about the service:

- Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies such as the Local Authority. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. This information was used to support the planning of the Inspection.

During the Inspection:

- We spoke to seven members of staff, two relatives and five people using the service, additionally we spoke with the Registered Manager and nominated manager.
- Care records were reviewed for four people and medicines audits and systems for managing people's safety were reviewed.
- We spent time with people that used the service and observed how staff supported and interacted with them.
- We reviewed staff training records and other records related to the running of the service.
- We looked at the systems and processes used in managing the service.
- We reviewed the previous inspection report and the provider's website.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People were supported by staff and a registered manager that understood their responsibilities to safeguard people from abuse and harm.
- The provider's processes and systems helped to ensure that people were kept safe from the risk of harm.
- People told us that they felt safe.
- One person told us, "This is the safest place I have ever lived." A relative said, "I am absolutely assured that people are safe here, no doubts at all."
- Staff understood what to look for and what to do if they suspected abuse. Staff told us who they would contact and felt confident that any concerns would be immediately acted upon.
- We saw evidence where following concerns being raised by staff about people's safety, appropriate safeguarding referrals had been made with the local authority and CQC had been informed.

Assessing risk, safety monitoring and management:

- People's risk assessments were comprehensive and contained the relevant information to manage risks such as falls, pressure ulcer prevention and moving and handling.
- One person had a detailed risk assessment with regard to the support required to reduce the risk of skin breakdown as they were now unable to leave their bed due to their health deterioration. This included information on the regularity of turning the person, also the importance of enough hydration to maximise skin condition. Staff understood how to manage the risks with this person.

Staffing and recruitment:

- There were enough suitable staff to safely meet and support people with their needs.
- One person told us, "You don't have to wait here. Just call or ask and they help straight away."
- Staff were always available to provide people with the care calls that were scheduled in a timely way, and with sufficient numbers of staff.
- The provider recruited regularly to maintain staffing levels in line with agreed care packages and covered any absence with employed staff or used agency staff. The registered manager told us that they tried to ensure that where possible the same agency staff were used to promote consistency for people that used the service.
- The provider had a robust recruitment process which had the relevant checks to ensure that new staff candidates were suitable to work with vulnerable people.
- The provider kept the necessary records to show safe recruitment processes were followed.

Using medicines safely:

- The provider had systems and procedures to ensure that medicines were ordered, administered and disposed of appropriately.

- People received their medicines in line with their prescription, and from staff that had the training and knowledge to do this safely.
- Medicine records were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to disposable gloves and aprons. Staff understood the importance of good infection control and what measures needed to be taken, including effective hand washing. All staff had training in infection control from the provider.
- Guidance was in place to protect people from the risk of infection.

Learning lessons when things go wrong:

- All incident and safeguarding reports were reviewed by the registered manager to identify points of learning to further improve the management of risk.
- Where any actions were identified this was discussed and shared with the staff team. For example, following a recent incident staff and the management team including the registered manager and representatives of the provider attended a reflective session where the circumstances of the incident were reviewed, and actions identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's health and social care needs were assessed prior to the start of their care. This ensured the provider and staff understood what needs were to be met.
- Where people had more complex needs, the provider liaised with other health and social care professionals such as nurses and doctors. Staff followed advice and guidance given by these professionals in a timely and effective manner.
- Staff told us care plans and risk assessments contained the relevant information they needed to support people according to their needs and choices.
- People felt care and support met their individual needs.

Staff support: induction, training, skills and experience:

- Staff completed a full induction which included training and shadowing alongside experienced staff. One member of staff who recently joined the team told us, "The support and training is enough to do the job properly and safely."
- Staff completed a range of training relevant to their roles. This included moving and handling, medicines, safeguarding and the Mental Capacity Act. Staff felt supported to expand their knowledge in other areas of care. One staff member had become the dementia lead, and another member of staff had expressed an interest in supporting people with end of life. They felt sure that they would be able to access the training and resources to make these roles work.
- The registered manager had systems to monitor staff training and identify when staff needed refresher training to maintain their skills.

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

- People had the choice of varied and nutritious food that was cooked on site daily. Where people chose to eat in their own home, staff provided the right amount of support to enable people to do this.
- Where people were at risk of poor nutrition, care plans identified people's choices and needs around food and drink, with appropriate records being kept.
- People were supported with their food and drink preferences. Staff knew about any specific dietary requirements and any choking risks.
- We saw that mealtimes were a positive time with laughter and chatting with people receiving the support they needed to enjoy their food.

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

- Where appropriate, care workers supported people to access other healthcare professionals, and supported people to attend appointments, we saw evidence of this in people's care plans.

- The service manager told us they worked in partnership with other health and social care professionals to meet people's needs.

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

- Any important information from other professionals was shared with staff and people's care records updated straight away. People's care plans documented that people were able to access a wide variety of core and specialist external healthcare services. For example, referrals had been made on behalf of people to agencies such as dieticians.
- Where people's needs were becoming more complex due to their health conditions, the registered manager made sure that reviews were held with the relevant professionals. We saw an example where a person had deteriorated and the staff and registered manager had identified that it was becoming increasingly difficult to manage the person's needs effectively within St David's. Reviews were happening for this person with a range of health and social care professionals to identify what was best for this person.

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

- Records showed people consented to their care and support plans.
- Care workers promoted people's choices and sought consent each time they supported people with personal care.
- The Mental Capacity Act 2005 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 found the service was working within the principles of the Act.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests decisions if people lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity:

- People we spoke with felt staff were kind and caring. One person said, "The staff are the greatest. Couldn't ask for a nicer bunch."
- We observed staff's interactions with people throughout the day. We saw that they had good relationships with the people they were supporting and always treated people with dignity and respect.
- Staff were knowledgeable about the people they were caring for and were able to explain to us people's individual needs, interests and requirements.
- The provider took care to ensure people's support was personalised so that people's experiences of care were person centred.
- Staff understood the principles behind equality, diversity and human rights. We were assured that whatever denomination, sexual preference, gender or faith, no one would be prejudiced in any way.

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

- People were actively involved in their care and support decisions with their relatives where appropriate.
- People were supported to express their views and any concerns about their care and support. There were regular meetings for people that used the service. At a recent meeting, people had raised concerns over their own personal safety as members of the public were walking past the homes as a thorough fair to the local shops. As a result, the provider had, in consultation with people that used the service, arranged for custom made security gates to be fitted.
- The provider and registered manager gathered the views of people and relatives on the service provided. Feedback was consistently good regarding people's experiences.

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

- People and relatives told us people were treated with dignity, respect and that their independence was promoted.
- Staff told us how they took pride in providing care that was people wanted and of high quality. Staff reinforced the importance of promoting dignity and respect in everything they did. What we saw confirmed this.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People's needs were comprehensively detailed in their care plans and records and contained the information about how they wished to receive their care and support.
- People's own individualities were recorded in their care records. This reflected their own histories, hobbies and interests and likes and dislikes. One member of staff said, "Knowing a bit about someone's history means you are able to tailor what you talk about. I think it is rewarding to hear about what events have made the person who they are now."

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- We reviewed the complaints and concerns that had been received. Complaints had been dealt with in line with the provider's policy and closed.
- We noted the complaints procedure was available for all to view in communal areas. It contained information about how and to who people could complain to. People told us that they felt they only had to mention something to staff or the registered manager and it would be listened to. Everyone we spoke with was positive about the care and support.

End of life care and support:

- The provider did not currently have any people receiving end of life care.
- We discussed with the registered manager how they would support people at the end of their life. The service manager confirmed they would work closely with the person's GP and other professionals to maintain people where they wanted to be for the maximum amount of time and to ensure a dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The governance and management systems promoted safe, effective person-centred care.
- The provider was supported to deliver high quality care by the registered manager who strove to provide the best care and support to people in line with the provider's values.
- Feedback received by the registered manager and provider consistently demonstrated that people were satisfied with their care and support.
- Staff told us they felt supported by the registered manager. They told us they had regular supervision and the registered manager was always accessible.
- People told us that the service was well led. One person said, "The manager is very hands on and makes sure that they always have time for us."

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

- The provider had systems and processes in place to monitor the quality of the service.
- The registered manager had frequent contact with the provider and was able to share any areas of concern or improvements and felt they had the full support of the provider with any recommendations. The layout and décor of the environment was undergoing redesign. The registered manager told us how this was happening with the full involvement of the people that used the service. The aim was to not only improve the decoration, but to improve the areas where care tasks were carried out.

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

- The provider used a range of ways to involve people and staff including formal and informal meetings. This helped people to be able to communicate effectively with the registered manager and staff about any aspects of care or support.
- Staff had regular team meetings, supervisions and appraisals which ensured staff were up to date with important information. The registered manager said they had an open-door policy so that staff had access to raise any concerns straight away.

Continuous learning and improving care:

- Accidents and incidents were recorded and analysed to identify any emerging trends and patterns.
- The registered manager reported incidents correctly and demonstrated a clear understanding of the types of incidents to be reported to the CQC.

- Sharing of Incidents takes place through daily handover meetings and regular staff meetings.

Working in partnership with others:

- There was a good working relationship with other agencies such as doctors, pharmacies, and district nurses.
- The registered manager and provider had sought support and training from external professionals when needed, such as for catheter care.