

Bedford Borough Council

Tavistock Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

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

People's experience of using the service: People and their relatives were extremely positive about the care and support they received.

People received care which met their needs and care was adapted to people's preferences, likes and dislikes. People were involved in their care planning and changes to people's care were made depending on their wishes and choices.

The staff team were passionate about providing high quality person centred care and there was a passion for keeping people independent in their own homes for as long as possible whilst keeping people safe and respecting their privacy and dignity.

People were supported to take positive risks and were protected from harm and abuse in all areas of their care including the administration of medicines. Staff were knowledgeable about safeguarding and how to support people to be safe.

Staff recruitment procedures were thorough and included all necessary checks.

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

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

People's choices were respected and people were supported in line with the Mental Capacity Act.

People were supported to stay in their own homes and were treated with dignity and respect at the end of their life.

People were positive about the management of the service and feedback from people was used to drive improvements at the service.

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

Rating at last inspection: Good (report published 10 April 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence continued to support the rating of good. More information is in the full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

Tavistock Court

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

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

On the day of our inspection 28 people were using the service. Not everyone using Tavistock Court received a regulated activity. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We visited Tavistock Court on 19 March 2019 to talk to people being supported and their relatives. We also visited to see the registered manager and staff and to review care records and policies and procedures.

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

During the inspection we:

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

Following the inspection, we received further evidence from the provider which showed the quality auditing systems which were used at the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service and one person told us, "I feel very safe. I do not go out without a staff member." Another person showed us the system they would use to call for staff support.
- Staff told us the steps they would take if they suspected harm or abuse. One staff member told us "I would report to the team leader or duty manager. If they are not around then we can always raise it with the safeguarding team."
- Staff received training in safeguarding and we saw that this was discussed in supervisions and handovers.
- There was a safeguarding policy in place at the service which told staff what to do if they suspected people were at risk of harm and abuse. Posters around the service showed people and staff who to contact in these situations.

Assessing risk, safety monitoring and management

- People had risk assessments in place. These were reviewed when there were changes in people's needs or annually if there had been no changes.
- Risks had been assessed based on people's needs and the activities they wished to take part in or complete independently. We saw risk assessments for epilepsy, people having falls, using a toaster or microwave and accessing the community.
- People had personal emergency evacuation plans (PEEPS) which guided the fire service how to support people if there was a fire at the scheme.

Staffing and recruitment

- One person told us, "There are always enough staff. If staff go on holiday they always get another staff to cover." Other people and their relatives told us that there were always staff available.
- Staff told us that they felt there were enough staff to meet people's needs. We saw from rotas that staff were deployed effectively to meet people's needs. Vacancies were covered with staff who worked on a flexible basis or with staff from the provider's other services.
- The provider had robust recruitment procedures and checks to ensure that staff were suitable to work at the service.

Using medicines safely

- A person told us, "The staff help with my medicines in the morning. They are trained and are very good. Always on time and they always sign for them."
- Staff told us how to administer medicines safely and had a good understanding of this. Staff received training and regular competency assessments in administering people's medicines.
- People who took as and when needed (PRN) medicines had clear protocols in place for the administration

of these.

- Thorough weekly and monthly audits of medication were completed. The registered manager showed us that where errors (such as not signing for administering a medicine) occurred these were identified and dealt with immediately.

Preventing and controlling infection

- Staff told us that they had access to cleaning products and equipment such as gloves to support people to keep their homes clean and free from infection.
- People's flats were visibly clean and people told us that staff always promoted good hygiene practices when they supported them.

Learning lessons when things go wrong

- Where errors occurred, we saw that these were recorded and actions were put in place to prevent reoccurrence.
- The registered manager showed us that medication audits had been improved following recording incidents. A CQC notifications group had been developed between the management team following a delay in the completion of a CQC notification form. The aim of the group was to ensure that this did not happen again.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they began using the service. Assessments detailed people's support needs, preferences and their likes and dislikes. These were used to create people's care plans and risk assessments.
- The management team stayed up to date with current care standards and guidance and used this to update people's care plans. Information was shared with people and staff in meetings and on display in the site office.

Staff support: induction, training, skills and experience

- A relative told us, "I think staff are well trained. They help (person) with medicines and using the hoist and seem to know what they are doing." People told us that staff were trained to do their jobs well.
- Staff said, "The induction to the service was brilliant. We spent time with experienced staff members and saw all aspects of the job role." We saw that inductions for new staff were thorough and that staff knowledge was checked by senior staff following the induction.
- Staff told us that they received training in areas such as safeguarding, moving and handling and the Mental Capacity Act. Staff had a good understanding of these topics. Records showed that staff attended this training regularly.
- Staff received supervision and competency observations to ensure that they had the knowledge to perform their job roles. Staff told us they found these supportive and useful.

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

- People were supported to make their own meals or use the kitchen service supplied by an outside organisation.
- People were supported to eat when and where they wanted and were very positive about the quality and choice of meals they were supported to have. One person told us, "It is great. If you want something different to eat then you can have something different to eat."
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.
- Staff worked well with the kitchen service to ensure that people's needs were met. We saw that the kitchen staff knew people's likes and preferences.
- Staff told us that they had and would refer people to dieticians or speech and language therapists if people needed more support.

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

- Staff and the management team worked well with other professionals. During the inspection we saw staff speaking with GP's, district nurses and speech and language therapists.
- One person told us, "If I have any problems then [staff] always get the doctor out. They are good like that."

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

- People were encouraged and supported to decorate their own flats. People showed us how personalised their flats were and how happy they were that staff had supported them to decorate their flats.
- Moving and Handling equipment that people used was checked and serviced regularly. Staff supported people to keep this equipment in their flats with as minimal impact on the environment as possible.

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

- People were supported to access health services. One person told us, "[Staff] organise for the doctor to come and see me. They help me to answer any questions that the doctor might ask me."
- Staff told us that they changed the times that people received support so that they could support them to health appointments if this was the person's choice.
- Detailed records of people's health appointments were used to update care plans where necessary.

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

- 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 and found that it was.
- People told us that staff always asked for consent when supporting them. We saw that people had been asked for consent to be supported in line with their care plans and risk assessments.
- Where necessary people's capacity had been assessed in line with guidance and decisions had been made in people's best interest.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- Staff communicated with people in a kind and respectful manner. Staff had an excellent understanding of people they supported. For example, we saw a staff member know that a person wanted to go to the pub even though the person described this as their 'office.'
- People and relatives were positive about the care at the service and told us, "[Staff] are patient, kind, proactive but always professional with [relative]." and, "I am very happy with all the staff. They know me so well and help me and everyone else so much."
- People told us that staff took the time to talk and spend time with them during their supported time. One person said, "[Staff] are great. You can have a good bit of banter with them."
- A relative told us that staff had supported a person to see their family at the service where this had previously been difficult for the person in their own home.
- Staff were passionate about providing quality care to people and told us about people's individual likes and preferences.
- People's religious and cultural beliefs were recorded in their care plans and respected by staff supporting them.
- People's care plans and records written by staff used respectful language and gave a good overview of how people were supported.

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

- People showed us their care plans and told us that they were not sure whether they were involved in making decisions about their care. However, care plans showed that people were consulted about changes to their care and that these were documented. Regular reviews of people's support involving people, their relatives and other professionals took place.
- People could make choices about their care. One person said, "I choose when to use my walking frame and I choose not to eat breakfast." A relative told us that staff used different ways to offer choices to their relative and that this was effective.
- People told us that relatives were involved in helping them make decisions about their care. A relative told us, "All the paperwork is there and I am involved in all the changes and updates."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "I leave my door unlocked in the day but staff always knock to let me know they are coming in."
- People were happy that staff supported their independence and told us, "They do not rush me and make me feel embarrassed. They support me to do as much as I can myself." and, "Anything I can do by myself, I

do by myself."

- Staff knew how to support people and care plans were written in a way that promoted independence.

Is the service responsive?

Our findings

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

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 received care that was tailored to their individual needs, likes, dislikes and preferences.
- People's care was adapted to meet their changing needs. One person told us, "When I started getting more pains [staff] changed the way they supported me." Another person had recently had a change in their needs and told us that the number of staff visits they received had increased.
- Staff members attended workshops organised by the management team to learn how to effectively use technology (such as call bells) to support people.
- People were supported to take part in activities based on their interests such as afternoon tea or nail painting and make up. We saw that staff took photos of activities taking place engage and interest people and see if they would like to try the activity again.
- People and staff told us that it would be good if there were more activities to do. A team leader told us that they were looking to improve this. They said, "We are working with the housing association to source some more resources to support people with gardening and craft activities."
- Relatives were very positive about the service supporting people to stay in contact with them. Relatives told us, "[Relative] cannot answer the phone now so staff always make sure they ring me on behalf of [relative] and support them to use the phone."
- Staff were passionate about providing person centred care and told us, "Care is tailored to individuals. Everyone has different things that they want from life and this needs to be respected."
- People's care plans were very detailed with regards to people's preferences, likes and dislikes.

Improving care quality in response to complaints or concerns

- The service had a complaints and compliments policy in place and this was available in different formats for people to use.
- People and their relatives told us and we saw that complaints were responded to promptly and to the complainant's satisfaction.

End of life care and support

- The management team and staff supported people at the end of their life according to their wishes and preferences. People had been supported to identify their preferences and put plans in place for this time of their life. We saw this being adhered to for one person.
- People were supported to stay in their own home if they chose to do so and extra support was put in place by the service to facilitate this. A team leader told us, "We do not want [person] to move away if they want to remain at home so we put measures in place."
- Staff knew how to support people at the end of their life. We saw staff working with nurses and other professionals to share information and support people.

Is the service well-led?

Our findings

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

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

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

- The management team and care staff had a good understanding of their responsibilities and had a passion for delivering person-centred care. During our visit there was a positive atmosphere and culture at the service and people felt at ease being supported by staff who knew them well.
- Policies and procedures were detailed and up to date with legislation. Staff told us that they had read and understood these policies and we saw that these were discussed regularly with staff in meetings and supervisions.
- The registered manager told us, "We want people to have a home for life. Few people move on and this is because of the support we give them to stay in their own homes." We saw that plans had been put in place to deliver quality person-centred care for people.

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

- The management and staff team knew their job roles well and the impact that their roles had for people using the service. Staff told us, "It is about continuing hard work and team work. Caring for people and being professional always."
- Audits in areas such as care plans, medicines, staff files and incidents and accidents were completed to monitor the quality of the service. We saw that these audits identified issues such as a need for staff training or the need for an update to a risk assessment and these were actioned promptly.
- The registered manager reported all notifiable incidents to the proper authorities. The service also documented these to be used for future learning.
- There were clear plans in place for what to do in emergency situations such as fire and bad weather. There were contingency plans to run the service if the registered manager was unavailable.

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

- People and their relatives were very positive about the management of the service. One person told us, "[Management] are brilliant. They do such a good job of looking after everybody."
- Staff were also positive about the management of the service and were supported to feedback about the service in meetings and daily handovers. Staff told us, "Team meetings are good. It is great to be able to share our views."
- Regular feedback was collected from people and their relatives both formally with questionnaires and informally when changes happened. One person told us, "We all went to a meeting and got to say what we

want. Changes do happen." A relative said, "Communication is superb and everything is easy. They do not just support [person], but also me." A compliment written by a relative said, "I feel like I have won the lottery with [person] living at Tavistock Court. I live far away but always know what is going on."

- Information was available in different languages and formats to suit people's preferences and communication needs.

Continuous learning and improving care

- The registered manager showed us the current areas of the service that they were looking to improve. We saw that plans were in place to introduce a key worker system for people and to improve the current medication audit system. These improvements had been identified through feedback from people and staff and audits.
- People and staff told us that the registered manager was open and approachable to feedback and ideas to improve people's care. A relative said, "[Manager] is very pro-active. If there are changes that can be made, then it happens."
- Regular workshops discussing ways to improve the service based on new legislation from the CQC were held with staff and was also discussed in supervisions.

Working in partnership with others

- The registered manager worked with the housing scheme manager and other professionals to achieve good outcomes for people. We saw minutes of meetings with the housing scheme manager and how these were used to improve the service.
- The registered manager worked with other services they were associated with to share best practice and to cover staff vacancies to ensure consistency of care.
- A visiting professional was positive about the care that the service provided and how well the service worked with them and communicated information.
- The registered manager told us that they were well supported by the provider.