

Bedford Borough Council







Tavistock Court

Inspection report

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Ratings

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

Overall summary

This inspection took place on 08 June 2015.

Tavistock Court provide care and support for up to 32 people who live in an extra care sheltered housing scheme. When we visited there were 28 people living there.

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

People felt safe in the service and were protected from harm by staff that were knowledgeable about abuse and the forms it could take.

There were suitable and sufficient risk assessment and control measures in place.

Staffing levels were sufficient to meet people's needs and staff had been recruited following a safe and robust process.

Medication was managed and administered appropriately.

Summary of findings

Staff received regular training and supervision to ensure they had the skills and knowledge they needed to perform their roles.

Consent to care was sought by staff who followed the principles of the Mental Capacity Act 2005 support people.

Staff supported people to have sufficient food and drink to have a healthy and balanced diet.

People had access to healthcare professionals if and when they needed.

There was not always a caring relationship between people and members of staff. Care was task-led and carers didn't always interact with people, whilst providing them with support.

People had been involved in planning their care.

People were treated with dignity and respect and their privacy was maintained.

People did not always receive person-centred care which catered for their specific needs. People's preferences were not always considered.

People were not always aware of how to make a complaint or provide feedback regarding the service they received.

Staff were positive about the service and were motivated to perform their roles.

The registered manager had not sent the CQC statutory notifications of abuse when safeguarding incidents took place.

Regular checks and audits were conducted to ensure standards of care were maintained.

Summary of findings

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.

People felt safe in the service and were protected from harm by staff that were knowledgeable about abuse and the forms it could take.

There were suitable and sufficient risk assessment and control measures in place.

Staffing levels were sufficient to meet people's needs and staff had been recruited following a safe and robust process.

Medication was managed and administered appropriately.

Good



Is the service effective?

The service was effective.

Staff received regular training and supervision to ensure they had the skills and knowledge they needed to perform their roles.

Consent to care was sought by staff who followed the principles of the Mental Capacity Act 2005 support people.

Staff supported people to have sufficient food and drink to have a healthy and balanced diet.

People had access to healthcare professionals if and when they needed.

Good



Is the service caring?

The service was not always caring.

There was not always a caring relationship between people and members of staff. Care was task-led and carers didn't always interact with people, whilst providing them with support.

People had been involved in planning their care.

People were treated with dignity and respect and their privacy was maintained.

Requires Improvement



Is the service responsive?

The service was not always responsive.

People did not always receive person-centred care which catered for their specific needs. People's preferences were not always considered.

People were not always aware of how to make a complaint or provide feedback regarding the service they received.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

Staff were positive about the service and were motivated to perform their roles.

The registered manager had not sent the CQC statutory notifications of abuse when safeguarding incidents took place.

Regular checks and audits were conducted to ensure standards of care were maintained.

Requires Improvement



Tavistock Court

Detailed findings

Background to this inspection

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

This inspection took place on 08 June 2015 and was unannounced. It was carried out by an inspector 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. The expert used for this inspection had experience of many different care services, including those for older people.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and spoke with people and staff about their experience.

We spoke with six people who used the service in order to gain their views about the quality of the service provided. We were able to speak with three relatives of people, as well as three care staff, one team leader and the registered manager. In addition, we also spoke with the manager of the housing association, also based in Tavistock Court.

We reviewed care records for six people who used the service to ensure they were reflective of people's current needs. We also looked at five staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems.

Is the service safe?

Our findings

People told us that they felt safe. They told us that staff were available if they needed them and helped to protect them from harm. One person said, "I know I am safe here." A family member told us, "She wouldn't manage anywhere else, we know she is safe and happy here."

Staff were knowledgeable about abuse and were able to describe different types of abuse and potential indicators. They were also able to tell us the action they would take if they suspected that somebody was being abused. One staff member explained that they would report suspected abuse to their superiors and were prepared to go above their head if necessary. Another member of staff said, "I wouldn't brush it under the carpet." The registered manager told us that safeguarding incidents were reported to the local authority and records we looked at confirmed this.

There were suitable and sufficient risk assessment and control measures in place in the service. Staff told us that there were individual and general risk assessments, which assessed areas where harm may be caused and gave plans to manage risk. We saw specific risk assessments in people's care plans and general one's displayed in the main office which were reviewed regularly and detailed risks and steps to minimise them. There were also emergency plans available with actions to take and contingency plans to be implemented in the event of an emergency situation, such as a fire or power cut.

Incidents and accidents were reported using accident report forms and people's daily notes. We spoke to the registered manager and team leader who told us that, where necessary, information from these incidents and accidents was passed on to external bodies, such as the local authority safeguarding team or the Care Quality Commission.

People told us that staffing levels were sufficient to meet their needs, however at the weekend they noticed a drop in staffing. One person told us, "It is very quiet here at the weekends." Relatives shared concerns regarding staffing levels at the weekend. One family member said, "No one

much around at weekends and possibly not enough staff, especially not on a Sunday." The registered manager told us that staffing levels were assessed according to people's needs and that extra staff could be brought in if needs increased. They also told us that afternoon staffing levels had been recently increased to ensure people received the care they needed. They explained that at the weekend staffing levels from the housing association were reduced, however the numbers of carers were unchanged.

During our inspection we observed that there were several members of staff providing care in the people's rooms, in accordance with the planned rota. We saw that staffing rotas were planned and that levels were consistent throughout the week. We found that staffing levels were sufficient to meet people's care needs and that the reduction in staffing was only attributed to the housing association.

The registered manager told us that staff had been recruited following a robust procedure. New staff were subject to background checks such as previous employment references and Disclosure and Barring Service (DBS) checks to ensure they were of good character. If agency staff were used, a profile sheet was sent by the agency to provide details of background checks and training. Records we looked at confirmed that safe recruitment practises were being followed.

Medication was managed and administered appropriately. People told us that they received their medication on time and as per their prescription. One person said, "They give me my medication. As far as I know they've never made a mistake and I do know my pills." Another person told us, "They know what they are doing with my pills, they give them to me at the right time." Staff told us that they had received training in administering medication and that checks were carried out by senior staff to ensure they were competent. We checked medication records, including Medication Administration Record (MAR) charts. We saw that they were signed when medication was administered and there were no gaps. We also saw that records were checked on a regular basis to ensure medication was continually monitored.

Is the service effective?

Our findings

People told us that staff had the skills they needed to perform their roles. One person told us, "I have a hoist and they know what they are doing." Relatives also told us that they felt staff were competent when supporting their family member. One relative said, "They are capable."

Staff members told us that when they started working at the service they underwent an induction, during which they spent two weeks shadowing experienced staff members and familiarising themselves with the service, people and policies. As well as their induction, staff also told us they received regular training sessions to develop their skills. They told us they received training in areas such as safeguarding, food hygiene and dementia but could also request to go on additional training courses, if they had a particular interest in that area. For example, one staff member told us they had attended additional training regarding the Lesbian, Gay, Bisexual and Transgender community. This allowed them to have a greater understanding of people from that community and apply that understanding to their work. We looked at training records which confirmed that staff received regular training in a wide range of areas.

Staff told us that they received regular supervision sessions with the registered manager or team leader. They told us that they found these sessions useful as they could discuss progress people were making, or raise any concerns they may have. Supervision sessions were also used to discuss

staff members individual development and future training plans. The registered manager told us that staff members had a supervision session on a monthly basis, as well as three performance review meetings throughout the year. We saw records which confirmed that this was the case.

People were encouraged to be as independent as possible and, as such, were able to prepare their own meals whenever they wanted to. People did tell us that they were also supported to attend a daily lunch club, provided by the housing association. Staff and the registered manager told us that they helped people get to and from the lunch club each day. They also said that if somebody didn't want to attend lunch club, staff would provide people with support in their home to prepare a meal of their choice. We saw records to support this.

People told us that the service supported them to see health care professionals whenever they needed to. Most. One person told us, "If I need a GP they will call for me and sort it out." Another person said, "I had to go into hospital, it was an emergency. The carers were really good, as soon as I was fit enough they got me home." Staff told us that they would support people to see health professionals as and when they were required, arranging either an appointment at the surgery or a house call to the service. The registered manager told us that people saw a range of health professionals, such as GP's and occupational therapists, regularly and people's care records backed this up.

Is the service caring?

Our findings

People told us that there wasn't always a positive relationship between them and members of staff. People explained that care was task-led and that carers didn't engage or chat to them whilst providing them with support. One person told us, "They come in, do their job and then they go. They don't talk to you much." Another person said, "They don't know me, they've got a job and they get it done." People also explained to us that if somebody pulled their call-bell, they would be put through to a staff mobile phone. Staff members would have to answer this phone mid-call in case somebody was in difficulty. Whilst people acknowledged the safety element of this system, they did express that they were left feeling de-valued by it, as their calls were interrupted or called short. The registered manager explained that they had a duty to respond to emergency situations within the service and that an additional mobile phone had been ordered, which would reduce the need for staff to answer the phone during a call.

Staff were positive about the relationships they had with people, but did express that they didn't always get to spend quality time with people. One staff member told us, "We don't get much time to sit and chat with people. We are very task orientated." During our inspection we observed staff supporting people in the communal areas of the service. They did so with kindness and compassion and spoke to people using their preferred names.

Some of the people we spoke to told us that they had been involved in writing their care plan, however most said they

had not been. One person said, "What's a care plan? They just write in the book. No discussions." Another person told us, "They spend more time writing in that book than they ever do talking to me, it's ridiculous." Staff told us that care plans were in place to outline the needs of each individual and that they were reviewed on a regular basis. We looked at people's care plans and saw that people had signed them. This showed that people had been involved in planning their care.

The registered manager told us that people were provided with information in the care plan in their home, including a statement of purpose and user guide to the service. They also told us that people were supported to access advocacy if they needed it. We saw that these documents were in place in people's files. In addition, we saw a number of notice boards around the service with useful information for people, such as activities and menu's. We did not see information regarding advocacy groups on these notice boards, but did see that information in the main office.

People told us that they were treated with dignity and respect and that their privacy was maintained by the staff team. One person said, "The carers are always very careful about shutting doors." Another person told us, "When they change my pad they are very polite and respectful." During our observations we saw that people were treated with respect by members of staff, for example, during the lunch service we saw staff exercise patience and politeness when serving meals.

Is the service responsive?

Our findings

People's care was not personalised to meet their individual needs. People told us that they had not been given a choice when it came to the timing of their calls, and therefore the times they got up and went to bed. One person said, "They just do it when it fits in with the rota." Another person told us, "No-one has ever asked me, they turn up and I get up or get ready for bed." We spoke to the registered manager about timings of visits. They told us that when people first came to the service they discussed their needs regarding call times with them. These discussions were then used to plan visits. We looked in people's care records and could not find evidence that any discussion regarding call times had been held. This meant that people may be receiving care which met the needs of the service, rather than their own individual needs.

The registered manager told us that people's care files were reviewed on a regular basis. We looked at their records and confirmed that this was the case. There was evidence that they were checked regularly and updated as and when people's needs changed. We did find, however, that care plans were not person-centred and did not give a picture of the person they represented. For example, one person's care plan stated, 'Carers to support [name of person] to prepare a meal of [name of person]'s choice.' There was nothing to indicate what the person was able to do for themselves, where they required help and what their

preferences were, such as favourite foods or drinks. Another care plan stated that a person required assistance with their personal care. It did not describe what the person was able to do for themselves and the areas where they need support. This meant that the person may have received inconsistent care as staff had no set guidance to refer to. In addition, there was a risk that the person may become de-skilled as staff may provide more support than was needed. We did find 'This is me' forms in people's care plans which provided background information, such as their likes and dislikes.

People told us that they did not feel the need to complain about their care and support, however they were not sure of the procedures for raising a complaint if they needed to. One person said, "I've never complained, there's nothing to complain about." Another person said, "Well I wouldn't put up with it but I'm not sure who I would go to." We spoke to the registered manager who told us that people's files had information regarding complaints. We saw that this was in place and that the service had a complaints policy.

People's feedback was sought, however they were not all aware of the different ways they could do this. The staff and registered manager told us that they used satisfaction survey's to obtain feedback from people in order to identify areas for development. We saw evidence that this took place feedback was obtained from people, however it was not clear how this information was used to drive improvements within the service.

Is the service well-led?

Our findings

The registered manager was not meeting the requirements of their registration with the CQC. They had systems in place for reporting safeguarding incidents to the local authority, however they did not formally notify the CQC of these incidents. They informed us that they were unaware of this requirement and would send notifications through in the future. The registered manager had reported other notifiable incidents, such as deaths or serious injuries, to the CQC when required.

The registered manager did not always have oversight and formal analysis of systems and processes. For example, we looked at records and saw that quality assurance questionnaires had been sent out to people and their family members. The responses to these had been collated, however there was no action plan in place, therefore we could not determine what action was being taken as a result of the feedback gained.

Quality assessments were carried out by the service to monitor and develop care delivery. The registered manager and team leader informed us that regular checks and audits were conducted to ensure standards of care were maintained. We looked at quality assurance systems which were in place and found that they were appropriate. For example, we found care plan audits in place to regularly check people's plans were up-to-date, as well as medication audits to check that medication had been administered appropriately. In addition, regular spot checks were carried out with staff to ensure they were performing their role appropriately. These included areas such as medication administration, personal care and record keeping. The housing association also conducted health and safety audits of the environment to make sure people were kept safe.

There were systems in place to investigate and monitor accidents, incidents and complaints. The registered manager told us that investigations took place where necessary and we saw evidence that this took place. Information gained from these investigations was passed on to the staff team to ensure learning took place to mitigate the risk of them happening again. However, some incidents involving people were reported using their daily notes, rather than incident reports. This meant that these incidents may not be investigated or reviewed, therefore some lessons may not be learned in response to these incidents.

There was an open and positive culture in the service. People told us that they were familiar with the staff at the service, including the senior staff who kept the service running. Where necessary, these members of staff would work with the registered manager to resolve any issues which people may have. We saw that people were comfortable when talking to staff at the service and that there was a positive and open culture developed amongst the staff team.

The registered manager had a clear vision for the service and its development. Staff were positive about the service and were motivated to perform their roles. They told us that there was a positive atmosphere in the service and that they worked well as a team. One staff member said, "We are a good friendly team." Another said, "I love the job, it's the atmosphere and enthusiasm people have for service users and each other." They told us that they were well supported by the registered manager and team leaders, which meant they were positive about the service and their role within it. They told us there was good communication between them and management so expectations were clear. We found that staff knew what the requirements of their roles were and also knew where to go for further guidance and support.