

The Council of St Monica Trust

Care and Support Service - Monica Wills House

Inspection report

Monica Wills House
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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

This inspection took place on 21 and 22 March 2018 and was announced. This service provides care and support to people living in their own homes within Monica Wills House. Their accommodation is bought or 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 service. A care and support service was only provided to people who lived within

In Monica Wills House there are 71 leasehold flats plus an additional 50 flats where the provider, St Monica Trust, works in partnership with Bristol City Council. People had to be over the age of 55 years and require personal care support in order to meet the criteria for a flat in Monica Wills House. There were 121 flats (no flat number 13) and at the time of our inspection care and support services were provided to 55 people.

There was a registered manager in post however they were not available when this inspection took place due to being on leave. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The deputy manager and the head of community services were both available during the two day inspection.

The last inspection of the service was completed in January 2016 and we rated the service overall as Good. There were no breaches of the regulations.

People were safe. Staff completed safeguarding adults and moving and handling training to ensure they maintained people's safety. Risk assessments were completed as part of the care planning process. Where risks were identified there were plans in place to reduce or eliminate the risk. Safe staff recruitment procedures were followed to ensure people were not looked after by unsuitable care and support workers. There were sufficient numbers of care and support workers on duty each shift to meet all care and support needs safely. Medicines were managed safely.

The service was effective. The training for all staff enabled them to carry out their jobs well. New staff completed a five day induction training programme at the start of their employment and any new-to-care staff completed the Care Certificate. There was a mandatory training programme for all staff to complete to ensure they had the necessary skills and knowledge to care for people correctly.

Before people took up residence at Monica Wills House, either as a tenant or a leaseholder, their care and support needs were assessed by the care team. This ensured the service would be effective in meeting their needs. People were provided with assistance to eat and drink well where this had been identified as a care need. The care and support staff worked with other health and social care professionals to ensure people's

health and wellbeing was maintained.

People were supported to be as independent as possible. Their mental capacity was assessed as part of the whole assessment process. People were involved in making decisions and encouraged to make their own choices about their care and support. The service was meeting the requirements of the Mental Capacity Act 2005.

The service was caring. Staff had good working relationships with the people they were looking after and ensured they provided person centred care based on their specific needs. The staff ensured people were always treated with kindness and were listened to.

The service was responsive. The staff were able to provide a flexible service. Care plans and the service delivery arrangements were reviewed on a six monthly basis, or more often if needed and any amendments made as required. People were provided with information about the service and details about how to raise any concerns they may have. There were a variety of different forums in which people could provide feedback about the service they received and other matters related to Monica Wills House.

The service remains well led. The staff team was led by a registered manager and a deputy manager. They provided good leadership and management for the staff team. Staff meetings ensured they were kept up to date with changes and developments in the service. There was a regular programme of audits in place, which ensured that the quality and safety of the service was monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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| Is the service safe? The service remains safe. | Good ● |
| Is the service effective? The service remains effective. | Good ● |
| Is the service caring? The service remains caring. | Good ● |
| Is the service responsive? The service remains responsive. | Good ● |
| Is the service well-led? The service remains well-led. | Good ● |

Care and Support Service - Monica Wills House

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and was undertaken by two adult social care inspectors. We gave the service 48 hours notice of the start of our inspection because we wanted key people to be available.

Prior to the inspection, we looked at the information we had received about the service since the last inspection in December 2015. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We also looked at the Provider Information Return (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.

During our inspection we spoke with 14 people who lived at Monica Wills House and received a service from the Care and Support team. We spoke with the deputy manager (the registered manager was on leave), eight care and support workers and other staff who worked within the extra care sheltered housing scheme. We received feedback from two health and social care professionals and their comments have been included in the main body of the report.

We looked at eight people's care files and other records relating to their care. We looked at staff training records, key policies and procedures, completed audits and other records related to the running of the service.

Is the service safe?

Our findings

The service was safe. People said they felt safe whilst the care staff were supporting them and also because of the security arrangements in Monica Wills House. The comments they made included, "The staff are very good to me", "I feel so safe here, it is comforting knowing there are staff looking out for me" and "I have absolutely nothing to worry about at all. The staff are very polite and helpful".

The care and support staff completed safeguarding, moving and handling and health and safety training as part of the mandatory training programme. This meant they were trained how to look after people safely.

In respect of safeguarding people, the care and support staff knew about the different types of abuse and knew what action to take if abuse was suspected, witnessed or a person made an allegation of harm. The staff team had access to the provider's safeguarding policy in the care office. Staff said they would report any concerns they had to the registered manager or deputy manager but knew they could report directly to the local authority, the Police and Care Quality Commission. The service had appropriately raised a number of safeguarding alerts with the local authority in the last year where the safety of people was a concern.

As part of the care planning process a range of risk assessments were completed for each person who used the service. This included a moving and handling risk assessment where a person needed assistance to move or transfer from one place to another. A moving and handling plan was written, setting out the equipment to be used and the number of staff required. Other risk assessments were completed in respects of specific activities the person may take part in, medicines and health needs. Risk assessments were undertaken of the person's living environment to ensure the safety of the person and the care and support staff who worked with them. During the initial assessment or subsequent reviews relevant risk assessments were completed and updated, to manage and minimize risk.

The site (Monica Wills House) has a 24hr manned portering service. This provides access to the building for all visitors, security and emergency maintenance. All porters were first responder Fire Marshalls. A senior member of the team was also on-call 24/7 to respond to any emergency call outs. The service was maintained by the Trust's estates department who engaged external contractors as and when required. These measures ensured people lived in a safe environment.

The service was led by a flexible management team working across a 7 day week. Permanent staff were supported by a team of bank staff and office based staff. Staff operated on a four week rolling rota system which was monitored and regularly reviewed to ensure continuity for people being supported, ensured effective deployment of care and support staff and allowed monitoring of staffing levels against people's needs. As a result of these reviews shift patterns had been altered to suit the changing need of people being supported.

The service followed safe recruitment procedures to ensure only suitable workers were employed to work with the people they supported. Pre-employment checks were undertaken and included an interview and interview assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that

may prevent them from working with vulnerable people.

When people's care needs were assessed the level of support they required with their medicines was determined. This was detailed on their care plan. Care and support workers were trained to administer medicines safely and their competency was rechecked regularly. Medicine charts were completed following administration and these charts were audited on a monthly basis to ensure they had been filled out correctly and signed by the staff member. Any discrepancies were followed up by either the deputy manager or senior care and support staff.

The St Monica Trust's clinical governance lead was responsible for infection control and completed quality checks, hand hygiene audits as well as an annual infection control statement. The infection outbreak policy was reviewed during 2016 and prompted the provision of free flu vaccinations for the staff team. This measure reduced the risk for people being supported by the service from catching the flu.

Is the service effective?

Our findings

People made the following comments when we asked them if the care and support service they received was effective. They said, "All agreed tasks are completed. I am very satisfied with the service I get", "I feel very lucky to live here and to be so well looked after" and "I need more help now and receive a third visit at lunch time now". One person told us when they had needed additional help for a short time the staff had willingly helped out.

A full care assessment was undertaken prior to people being offered a tenancy or leaseholder arrangements at Monica Wills House. Their life history, values, religious beliefs and preferences were gathered to ensure there was a person centred approach to care planning and in order to create a bespoke care and support plan. Care plans were shared within the care team in order for any concerns to be identified before the first visit.

All staff were well trained in order to do their jobs well and effectively. New care and support staff had a five day mandatory training programme to complete at the head office. This included moving and handling training, safeguarding, health and safety, principles of care, safe medicines and equality and diversity. Following completion of the five days training, the new member of staff would shadow one of the other care and support staff for a minimum of three shifts.

Any new-to-care staff had to complete the Care Certificate training within 12 weeks of employment and this was evidenced in staff files. The Care Certificate was introduced in April 2015 as the new minimum standard for induction for those commencing a career as an adult social care worker. The Care Certificate comprises of 15 modules to ensure workers were suitably trained and able to deliver safe, effective, responsive care. There were five members of the staff team who were trained care certificate assessors.

All care and support staff completed mandatory update training on an annual basis. Electronic staff training records were kept for each staff member plus there was a staff training matrix of the whole care and support team. The matrix was able to identify when mandatory update training was due or overdue. Training included safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), basic first aid and moving and handling. The deputy manager told us they had completed a four day dementia awareness course and other staff had expressed an interest in doing this as well. Person specific training was arranged as and when required for example, stoma care, and stroke awareness training was scheduled the week of the inspection. The measures the provider had in place ensured staff had the skills and competencies appropriate to their role.

Staff were encouraged to complete health and social care diplomas at level two or three. The registered manager had already completed the registered managers award. The deputy manager had completed a level five diploma in leadership and management.

Staff had regular supervision sessions with one of the senior staff within the care and support team (the registered manager, the deputy or the senior support workers). Various staff meetings were held on a

regular basis either on a monthly, two monthly or quarterly basis. At the start of each shift, care and support received a handover report and were allocated those people they were to look after during their shift. These measures ensured the staff team worked together and communicated any changes needed.

People's needs in respects of meals and drinks were assessed and the level of support they needed would be recorded in their care plan. Within Monica Wills House there was a restaurant and people could go there for their meals. Care and support staff either assisted people to get to the restaurant when needed or prepared meals within the person's own home. A member of the care and support team had a presence in the restaurant each meal time in case any person was unwell, but this meant they were also able to keep an eye on how much was eaten. 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.

Each person was registered with a GP of their own choice. The care and support team also had close working relationships with other health care professionals such as occupational therapists, wheelchair services, physiotherapist, the dementia wellbeing team and District Nurses. Feedback from healthcare professionals was positive, "We have always found the staff to be very supportive and happy to work with us".

Staff were aware of the need to ask for people's consent and we heard them asking people for their agreement before providing any care. An assessment of their capacity to make informed decisions was made and they were encouraged to say how they wanted to be looked after. Their preferences were respected. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. At the time of this inspection no one in receipt of a service lacked the capacity to make decisions regarding their care and support.

Is the service caring?

Our findings

People told us the service was caring. They said the care and support staff were kind and caring, treated them with dignity and respect and involved them in all care planning and decision making. Comments we received included, "You can ask anybody for help if you need it and they will help you", "When I came to live here, the staff were all aware of my special needs and had been in touch with the occupational therapist. By the time I got here they were ready to support me", "Staff cannot do enough for me" and "I feel very respected here and I really like it here".

Staff were knowledgeable and supportive of the people they were assisting. We observed during the inspection that they knocked on people's front doors before entering their flats. For one person who was profoundly deaf the staff alerted the person of their presence by switching the light on and off. The person would then give permission for staff to enter the flat.

The service ensured people were always treated with kindness and each person was treated as an individual. There were examples where the care and support staff had supported people in a way that exceeded expectations. The staff had supported one person whose family did not live locally, to have hospital treatment and provided emotional support after given bad news. They supported one person who was anxious about setting up a funeral plan and they helped them do this. On another occasion, care and support staff had visited a person who was hospitalised by visiting them and taking them in some of their belongings.

People confirmed they were always included in discussions about their care and support. They said they were encouraged to express their views and make decisions for themselves. 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. People were asked about their life history so that the care and support staff could have meaningful conversations with them. Each person (including those who do not receive a personal care service) received a birthday card from the care and support team on their birthday.

The service had received a significant number of thank you cards and letters and we looked through a sample of these. Comments included, "Thank you for copying and enlarging a (named item) for me", "Thank you to the staff for celebrating mums 100th birthday", "Thank you for giving dad a new lease of life. You have made a massive difference to all our (the family) lives" and "Really happy with the service I receive and the community at Monica Wills House".

Is the service responsive?

Our findings

People said, "I get the service I need. There have been changes made in the past. I get a lunch time call now", "The staff are very adaptable. They had to come to me a bit later one morning because someone else had to be ready earlier for an appointment. I don't mind, I knew the reason why as they told me about it" and "Carers always ask me what I what done and can be flexible".

People had a care file to keep in their flats containing a paper copy of their care plan, information about the service, the out-of-hours contact details and the complaints procedure. Each person received a welcome pack when they first moved to Monica Wills House. This included a letter of introduction from the head of community services, copy of the statement of purpose and service user guide. The pack was produced in written format but could be provided in larger print, or any other format as necessary. The service meets the accessible information standard.

In the care office, copies of the care plans were kept electronically. This system had recently been introduced and all staff had received training. The plans detailed the person's medical history, a moving and handling risk assessment and handling profile, a medicine profile, details regarding their cognition and memory, communication and any sensory impairments, personal care needs, food and drinks needs, and domestic support needed. The times and days of care and support were detailed. Each person had an individually devised plan of care that met their specific care and support needs and these were reviewed on at least a six monthly basis. Care plans were adjusted as and when necessary. This meant people would continue to receive the care and support they needed and took account of any changes.

People who used this service were provided with the opportunity to engage and interact with others and members of the community through the activities held internally and externally in order to reduce loneliness and isolation. Supported shopping trips gave people the opportunity to access the community with support from a care and support worker to help provide reassurance and encouragement. A variety of meetings were held with people in order to receive feedback and responses. 'Resident meetings' (name chosen by the people living at Monica Wills House), Explore meetings/forums and coffee mornings were an example where feedback was gathered.

In order to improve and enhance communication, a Village Council was introduced to the site in 2016, the function being to gather feedback and opinion from people to inform the management team. At the time of the inspection the registered manager was chairing these meetings but there were plans for the chair to be 'independent' of the staff team, for example a person living at Monica Wills House.

People told us if they had any concerns or were unhappy about any aspects of their care they would feel able to raise these with any of the care and support team. The provider had a complaints policy and procedure in place and a copy of this was kept in their care files. We looked at the complaints log and at how four complaints had been handled. Each had been responded to appropriately and action taken to resolve the issues raised.

The service would endeavour to continue looking after people when they were unwell, very poorly or at the end of their life. They would need to do this in conjunction with the person's family, and health and social care professionals where appropriate. Some of the care and support staff had already received palliative and end of life care training and there was a further training sessions scheduled at the end of March 2018.

Is the service well-led?

Our findings

People told us the service was well run. They said, "I cannot fault anything here", "all the staff show such professionalism" and "The care and support team are excellent and provide a good service so it must be well led. Never been let down or had cause to complain".

The care and support team was led by the registered manager who had been in post since 2013. They had a wealth of experience in the adult social care sector and had demonstrated in the provider information return they were fully conversant with the legal requirements of care and support provision. The registered manager had completed 'introduction of the key regulatory framework training' in 2017. The service structure was the registered manager, one deputy, one senior care and support worker, and a team of care and support workers. The care team were supported by a community engagement coordinator, administrators and porters, who provide a 24 hour service. The Registered Manager was directly line managed by the head of community services who conducted monthly site service updates and was always contactable and available if needed.

The registered manager operated an open door policy and was available to both staff and people using the service for guidance and support. They enforced the view of good working relationships between staff and people to build a strong retirement community and 'lead by example'. Staff said the St Monica Trust's values were demonstrated by the registered manager and passed on to care and support staff ensuring they were understood and put into practice continuously. Staff said they were proud to work for the service, knew what was expected of them and were passionate about delivering a quality service to people. Staff received regular supervision and support from their line manager, as evidenced in their staff files.

Care and support staff were encouraged to develop skills through attending additional specialist training courses organised by the registered manager or by completing audits and action plans. For example, a number of staff had completed key-mover training. This meant they were able to provide their colleagues with training, advice and guidance on moving and assisting people promptly.

Staff were encouraged to share their thoughts and opinions via the staff explore forums, colleague opinion surveys and during staff meetings where an 'open agenda' system was used. A suggestions box, located in the care and support office also allowed staff members to anonymously contribute to meetings. All staff were encouraged to make suggestions about any improvements they felt would enhance people's lives or their working time.

Trustee Assurance Visits were carried out twice yearly by a member of the St Monica Trust care committee. The last visit was completed in October 2017. Their visit and report of that visit were aligned to the CQC key lines of enquiries. The trustee met with staff, people and relatives and gathered feedback from them on how things were. Any recommendations were fed back to the registered manager at the end of their visit and then followed up during the monthly quality audits.

The registered manager attended quarterly safeguarding review meetings with other registered managers to

discuss learning opportunities as well as the monthly community managers meetings and bi-monthly leadership meetings, which every manager in all departments in the Trust attend. The management team at Monica Wills ensured statutory notifications were made to CQC and safeguarding teams. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled.

St Monica Trust had introduced 'localism' to Monica Wills House in 2017 enabling those people living in this community to make its own decisions and enhancements in ways that meet the needs of people, staff and visitors. Localism aimed to speed up getting things done by making local decisions, giving better control over what matters to those at Monica Wills House and ensure that "we all work together as one team". Examples of actions that had been taken as a result of this localism was the renovation of the hair salon, a new wi-fi hub installed in the 'residents' computer room, altered restaurant heating and new communal lounge furniture.

As a result of localism a site executive team (SET) was created to help improve processes, and make key decisions to enhance the service for people and staff. SET involved team members from Monica Wills House management team, facilities, housekeeping and catering. Ideas and suggestions as to how the service could be improved were discussed. As a result of SET there was now a recycling centre making recycling easier for people and staff.

Weekly and monthly service update tools were used and shared with the head of community services in order to monitor service performance. Any remedial actions that had been previously identified were followed up. There was also a programme of regular audits in place. These included care files, care records, a medicines audit and health and safety. Any accidents and incidents, complaints or safeguarding alerts raised were recorded electronically and analysed in order to identify any trends. A full audit was completed on an annual basis. These measures enabled the service to make any improvements and prevent reoccurrences of any events.

St Monica Trust had the full range of policies and procedures in place and these were regularly reviewed. The key policies we looked at for example, management of medicines, lone working and dealing with people's money were appropriate and in relation to community based services. Staff were able to access the policies either on-line or the policies manual.