

The Council of St Monica Trust

Care and Support Service - Westbury Fields

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 7 and 10 April 2017 and was announced. We gave the registered manager 24 hours notice of the inspection to ensure that the people we needed to meet with were available.

The service was provided to people who lived in the Westbury Fields retirement village. There are 51 apartments within the extra care housing building called Sommerville plus purchased, leaseholder housing, built around a central cricket field. At the time of our inspection a care and support service was provided to 56 people and the service employed 26 care and support staff.

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

People said they were safe. Staff received safeguarding adults training and knew what to do if there were concerns about a person's welfare. Where they needed to move people from one place to another they were supported safely by staff who followed correct procedures. Staff were recruited following robust recruitment procedures which meant unsuitable staff could not be employed. Any risks to people's health and welfare were well managed and strategies put in place to reduce or eliminate the risk. Where required people were supported to take their medicines safely.

People received an effective service. They received the service they expected and had agreed upon. Staff were knowledgeable about the people they supported and received the appropriate training and support to enable them to undertake their roles effectively. Where identified in the assessment process, people were provided with support to have food and drink. People were supported to access health care services if needed.

People received a caring service. The care and support staff were kind and caring – they treated people with kindness and respect. Staff had good relationships with the people they were supporting and also any family members who were supporting that person. People were involved in having a say about the support they received and how their service was delivered.

People's individual care and support needs were assessed and then a package of care put together that met those needs. This ensured that each person received the service they needed. Their preferences and choices were respected. People were provided with copies of their plans and knew what service was provided. People were asked to express their views about the service they received and were listened to. Their care plans were regularly reviewed and amended as and when necessary.

People received a service that was well-led. The registered manager and other two senior staff provided good leadership and management for the care and support team. The quality and safety of the service was regularly monitored and used to make improvements. The service had a plan for making improvements.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided good leadership and management for the staff team.

Feedback from people who used the service and staff was gathered and where improvements were needed appropriate action was taken to address any issues.

Audits were undertaken to monitor the quality of the service and plan improvements.

Care and Support Service - Westbury Fields

Detailed findings

Background to this inspection

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

The inspection was undertaken by one adult social care inspector.

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

During the visit we spoke with the registered manager (called the retirement community manager), the deputy retirement community manager, the senior care and support worker plus four care and support staff. Throughout the report we have used the term 'registered manager'.

We spoke with eight people who were provided with care and support from the service and two relatives of two people. We looked at five people's care records, six staff recruitment files and training records, key policies and procedures and other records relating to the management of the service.

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

Is the service safe?

Our findings

People who used the service and relatives we spoke with told us they were safe. They said, "Mum is living in such a lovely place. She is safe because the staff look out for her", "The staff have to visit mum six times a day so if she did get in to difficulty they would soon sort things out", "All the staff are very lovely to me" and, "Since I moved in to this flat I have never felt so safe because I can use my emergency call system to get help".

Staff knew what their responsibilities were to keep people safe and completed safeguarding adults training as part of the mandatory training programme. This training was refreshed on a regular basis and safeguarding was discussed in all staff meetings. We asked care and support staff what they would do if they were told about, witnessed or suspected that a person was being abused. They all said they would report any concerns they had about a person's safety to the registered manager, the deputy or the senior care and support worker. Staff knew they could report concerns directly to the police, Bristol City Council and the Care Quality Commission. Details regarding the reporting protocols were displayed in the registered manager's office and the staff office.

The service had raised one safeguarding alert where they had concerns about a person's welfare and safety, because they had not been looking after themselves. They had worked with the local authority and measures had been put in place to improve the person's life and enable them to deal with a family event. No safeguarding concerns have been raised by other parties regarding this service and the staff team.

Staff personnel files evidenced that the service followed robust recruitment procedures each time a new member of staff was recruited. Appropriate pre-employment checks had been completed and these include written references from previous employers and an enhanced 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. These measures ensured the service did not employ unsuitable staff.

Risk assessments were completed as part of the overall assessment of a person's needs when the service was started. These were then kept under review whilst the service was being provided. Risk assessments were completed for each person in respects of the likelihood of falls, nutrition and food safety, and moving and handling. Where people needed to be supported by the care and support staff to move or transfer from one place to another a moving and handling profile was devised. These set out the equipment to be used and the number of staff required. A safety and security assessment of the person's home was undertaken at the start of service provision to ensure it was a safe place for the staff team to work. Staff were expected to report any new safety concerns that had not been present at the initial assessment and staff confirmed this.

Staff were clear that any accidents or incidents had to be reported to the senior staff. Records were kept of any actions taken post event. The prevalence of accidents and injuries was analysed so that preventative action could be taken to reduce or eliminate the chance of a reoccurrence. An example would be how the service monitored falls so they could then be prevented.

The service had sufficient staff in order to meet the care and support needs of those people being assisted. The service had appropriately skilled staff to meet people's needs and they said there was "good team work". One staff member said, "I miss my work on my days off". Their work was allocated by the senior care and support worker and on each shift, the staff knew what calls they were to make and at what time. People said staff were available to support them with the tasks detailed on their care plan. People were provided with support by a small team of care and support staff however in some circumstances they were looked after by designated staff only. The service did not use agency staff and had a bank of 'St Monicas' staff that could be called upon to cover any gaps in shifts.

In the evenings and weekends when care and support staff were working there was an on call person (the registered manager, the deputy retirement community manager or the senior care and support worker) who could be called upon if staff needed advice. In addition, the staff were able to call for support from the portering staff (of the retirement village) and the nursing home on the same site.

If people needed to be supported with their medicines the exact level of support was recorded in their care plan. People retained responsibility for their own medicines where possible. Care and support staff did not help people with their medicines until they had completed safe medicine administration training. Following training, spot checks were carried out to ensure medicines were administered safely. Staff we spoke with confirmed they had received training and the spot checks had been carried out. Staff had to complete a medicine record after medicines had been given, these were returned to the office and audited each month. Any discrepancies found were followed up and if necessary care staff were re-trained and had a supervision session. Because of the measures in place people were protected against the risks associated with medicines.

Is the service effective?

Our findings

People told us, "I have a care plan and the staff do all the things they have to", "The girls have been helping me since I moved here and I am now in much better health. I still need the support though" and "I get the exact help I need and the staff always ask if there is anything else they can do". Relatives told us, "(named person) would not be able to live in her own home if it wasn't for this service" and "The service is fabulous and gives the family peace-of-mind that mum is getting all the help she needs".

Staff were knowledgeable about the people they supported. At the start of each shift they received a handover report and were advised of which work schedule they would be undertaking that day. These schedules set out the order of care calls they needed to complete and the time of each visit. Some people were supported several times each day. Staff said they were given enough information about the people they visited and would always report any changes in people's health or care needs back to the senior care and support worker of the deputy manager.

The care and support staff completed time sheets with each person, recording the actual time they arrived and departed. Those sheets we saw had been completed correctly. By checking these sheets the registered manager or the deputy was able to determine that each person received the level of support for which they were funded.

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 then complete the Care Certificate training. 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.

On-going training for all staff also included the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), basic first aid and dementia awareness. Staff training records were kept for each staff member and the registered manager maintained a staff training matrix. The matrix was able to identify when mandatory update training was due or overdue. Person specific training was arranged as and when required for example, care of a PEG (percutaneous endoscopic gastrostomy – a feeding tube), parkinsons and skin care. These measures ensured staff had the skills and competencies appropriate to their role.

Staff were encouraged to complete a diploma in health and social care at level two or three (formerly called a National Vocational Qualification (NVQ)). The registered manager had completed the registered managers award and more recently leadership and management training.

Staff were well supported and had regular supervision sessions and team meetings. Supervisions were undertaken either by the registered manager, the deputy or the senior care and support worker. Staff confirmed they had a regular supervision session and that team meetings were held every two or three months. If staff were unable to attend the meetings because of other commitments or they were working, the notes from the meetings were sent. These measures ensured the staff team worked together and communicated any changes needed.

Staff completed Mental Capacity Act 2005 (MCA) training and were expected to gain people's verbal consent before starting to provide any assistance. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. People confirmed that the staff always asked them what they wanted done when they arrived and asked for their permission before delivering care and support.

People would be provided with assistance to eat and drink where this has been identified as a care need. The level of support the person needed would be recorded in the care plan and agreed. Within Sommerville there was a restaurant and people could go there for their lunch. Breakfast and tea time meals can either be made in the person's home or a delivery service was available. Tea time meals were also available in the other restaurant on site (The Cricketers). Care and support staff assisted people to get to the restaurant when needed. Meals could also be delivered to people's homes. A member of the care and support team had a presence in the restaurant each meal time in case any person was taken 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.

Care and support staff would assist people to contact their GP or other health care professionals when necessary. One person told us about a time when they had been unwell and a named staff member and really insisted that a GP be called when they had not wanted this to happen. They said, "It is a good job she was persistent because I didn't realise how ill I was. She saved my life". Where people were supported by other health and social care professionals, the staff team worked alongside them to make sure people were well looked after. Staff told us they would report any concerns regarding people's health and welfare to the registered manager and would also make a note in the records of care.

Is the service caring?

Our findings

People said, "All the girls are lovely", I am very satisfied with the service I get. They treat me very well", "I am a very satisfied customer" and "Everyone is polite and helpful". One relative said, "Incredibly caring staff. Amazing staff", whilst another said, "The quality of care is fantastic". A letter that had been sent to the staff team referred to two care and support workers who had "helped when mum was ill, been helpful, professional and extremely supportive". It was evident from the discussions we had with people who used the service that they were treated with respect and dignity. Staff demonstrated respect for people's dignity in the way they spoke about them.

The registered manager logged any thank you letters and cards received. Staff told us about one person whose family had been very complimentary about the care and support received. This had significantly improved the person's health and welfare and improved the quality of their daily life. They said this was because the staff "really cared". They also told us about a person who was given a new lease of life staff had put them in touch with someone selling a mobility scooter. He had said, "I did not expect St Monicas to do so much for me". This feedback had been recorded in the compliments book. One relative had written, "(named person) is so happy to be back at home with you after a hospital stay – he has a new care plan now and increased support".

People were looked after in the way they wanted and were very much involved in deciding how the care and support staff were to help them. They were encouraged to remain as independent as possible and to have a lifestyle of their own choice. For some people who lived within Sommerville they were provided with assistive technology that enabled them to inform the staff team they were 'OK' without the need for a visit. An agreement had been made with one person that if they had not responded by 2pm each day, a visit would be made to check they were OK.

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 but their wishes were respected if they declined to provide this information.

Staff spoke about the people they were supporting in a caring and respectful manner. They knew them well and what support they needed. Staff told us the provider St Monicas Trust valued their employees. They told us the team worked well together and although work was allocated to specific care and support staff each shift, they would help each other. One staff member said, "I am not expected to work outside of my hours, however I will return to work to support my colleagues and for the benefit of people".

The St Monicas Trust had an award scheme for staff, called The Rose Award, given in recognition of any special endeavours. The registered manager and the senior care and support worker had received this award in 2016 because of being responsive to a person's specific needs. The registered manager explained this had been a team achievement.

The people who lived in Somerville and the leasehold apartments were provided with the opportunity to

attend a range of activities held within the communal areas of Sommerville or externally. These included coffee mornings and talks, music sessions, exercise classes, church services, film showings and shopping trips. Care and support staff assisted people to attend these events where required.

The service would endeavour to look 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. The senior care and support worker had won an award with Care and Southwest in 2016 for providing "Quality End of Life Care" to a person using the service. The registered manager told us St Monicas Trust were exploring the idea of providing a 'hospital at home' service so people could be looked after in their own homes.

Is the service responsive?

Our findings

People told us they received the service they expected and had previously been discussed with them. They said they had never had any planned calls missed and on the whole, the care and support staff arrived at the time they were due. One person did make some comments about punctuality with their tea-time call but also acknowledged that "others were more needy than them". Comments we received included, "I have two planned visits a day now and the staff do everything on my care plan", "When I first moved in I had four calls a day. I can manage with less now" and "I am having an increased service at the moment because I have been in hospital. I did have help every day, now every other day". Relatives said, "I cannot fault the way my mum is looked after. The staff communicate any changes and really do respond to situations appropriately" and "I am very involved in my relatives care package. The family work together with the care and support girls for the benefit of (named person)".

People were each given a care file to keep in their own homes. This contained a copy of their care plan, information about the service, the out-of-hours contact details and the complaints procedure. Those people we spoke with told us if they had any concerns they would not hesitate in raising this with the staff. They each told us they felt they would be listened to and appropriate action would be taken.

Care records for each person supported by the service were also kept in the main office. The assessments and care 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. At the end of the documentation there was a visits summary including the times and days care and support was to be provided. Each person had an individually devised plan of care that met their specific care and support needs. The plans recorded a good level of detail and the instructions for the staff to follow were clear. People had signed their agreement to the content of the care plans.

Care plans were regularly reviewed. After initial set up the service was reviewed to ensure it was sufficient and able to respond appropriately to the person's needs. They were then reviewed on at least a six monthly basis. People we spoke with confirmed these arrangements. Care plans were also adjusted and rewritten as and when necessary. Staff were expected to report any changes in people's care, support and health needs to the senior care and support worker, the deputy or the registered manager.

The provider had a 'resident engagement' forum in place. This enabled people to be consulted on any improvement plans and the providers strategic plan and to "have your say and catch up on the Trust news". People were encouraged through this forum to comment, not only about the care and support service they received but also anything that affected their life within the retirement village.

An 'enriching lives' service was offered to people to reduce isolation and to support those people living with dementia, to engage in activities and receive one to one companionship. People using the service had access to the day service we run for people living with dementia, both within Westbury Fields and the local community.

The registered manager said there had been eight formal complaints received in the last 12 months. Appropriate action had been taken with each of the complaints. The complaints had been resolved and were dealt with as per their complaints procedure. Complaints were logged electronically and enabled St Monicas Trust to follow up that appropriate actions had been taken. The registered manager said they acted upon complaints quickly in order to put things right and to prevent a reoccurrence of the issue. The Care Quality Commission have received no complaints about this service. We would recommend that there is a separation in the logging of complaints in respect of tenancy and care issues.

Is the service well-led?

Our findings

The registered manager led a team of care and support workers and was supported by a deputy retirement manager and a senior care and support worker. This meant there was a good staff structure in place to ensure that the service provided was as planned. On-call arrangements were in place to provide support to the care team, when the registered manager or deputy were not on duty.

People were satisfied with the service they received and the comments they made indicated the service they received was well-led and well managed. People were very complimentary about the professional way in which all staff worked from the registered manager, the deputy, and the senior to all the care and support workers. One person said, "They are genuinely here to do everything we ask of them". Each person we spoke with and the one relative said they would recommend the service to others.

The care and support staff felt the service was well-led and would recommend St Monicas Trust as an employer to their friends and family. They said they were well supported by the management team and by their colleagues. It was evident from our observations and discussions that the staff all worked well together and supported each other in getting all the work done. One staff member told us St Monicas Trust was very supportive of "family life" and "they were looked after as well".

The registered manager had completed the registered managers award and more recently a management and leadership qualification with an external trainer. The deputy retirement manager and senior care and support worker had a level three health and social care qualification. The deputy was hoping to start their level four training soon plus was also a key mover trainer (moving and handling). This evidences the service have the necessary personnel in place to provide good leadership and management for the staff team. One relative commented, "All three managers are excellent".

In September 2016 St Monicas Trust commissioned an external consultant to undertake a quality assurance review of the service and a report was provided with the outcome. The review had followed the same lines as our inspection reports. Two recommendations had been made and these were, that falls analysis was carried out each month and that the service should collate evidence to support why the service be considered as outstanding. The registered manager had acted upon both recommendations.

All staff said the registered manager and the other senior staff were approachable and visible. There was an on-call system for management support and advice out of hours and staff said this worked well. Staff told us that they were able to make suggestions about staff visit plans for example.

Staff meetings were held every two months. Staff were encouraged to have a say about how the service was run and to make suggestions if things could be done differently. They said they were listened too. The notes of the meeting were displayed in the main office for those staff to read who could not attend. 'Tenant meetings' and 'leaseholder meetings' were held on a monthly basis and these were attended by both service users of the care and support team and non-users. People were able to comment about the service they received. Examples of action taken by St Monicas includes the following: the provision of evening

activities and new furniture in the communal areas of Sommerville and the gardens.

The registered manager attended regional meetings with their manager and other branch managers and a larger area meeting on a yearly basis. These meetings enabled the registered manager to share what had gone well and not so well and share any best practice. Outcomes of other CQC inspections of St Monicas Trust services were shared in the regional meetings so that best practice was shared and where improvements had been identified relevant action could be taken.

The registered manager had to complete service update reports and submit to their line manager on a one-two monthly basis. These ensured the provider was kept informed of how the service was functioning.

As part of St Monica Trust's (the provider) quality assurance programme, additional quality monitoring visits were commissioned from social care professionals external to the organisation. The service used the feedback from these visits to drive forward any improvements that were identified. In addition, trustee assurance visits were carried out on an annual basis. The reports of these visits followed the key lines of enquiries in our inspection reports. The trustees would speak to people using the service, any visitors and staff members on duty. An action plan as a result of the visit would be devised where improvements were needed.

The registered manager told us the new chief executive for St Monicas Trust had attended the Sommerville site for events and gave examples of a recent charity fund raising coffee morning and a 'bake-off' activity.

The provider had 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. This enabled the service to make any improvements and prevent reoccurrences.

The registered manager attended the National Care Forum's annual conference in order to keep abreast of best practice. They had developed a lead role in safeguarding and dementia. The registered manager told us how they had recently given presentations in local school to pupils talking about working in the caring profession. Other staff in the team had been identified as dignity champions and this meant they were able to cascade information to the rest of the staff team.

The registered manager had ensured all required notifications of any events had been submitted to CQC since the last inspection (where a breach had been identified). 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. In the last 12 months the registered manager had notified us of a small number of expected deaths and one safeguarding concern they had raised with the local authority. We discussed with the registered manager that notifications about deaths only needed to be submitted if a person using the service died whilst care was being delivered.

The St Monicas 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.