Brunelcare

Waverley Gardens Extra Care

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 20 September 2016. The provider was given 48 hour notice. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Waverley Gardens Extra Care provides personal care and support to older people who occupy or own their own flats located within the premises at Waverley Gardens. There are 66 flats in total and at the time of our visit 60 people were receiving support with personal care.

At the last inspection of the service on 24 April 2014 we found the service was meeting the regulations.

There was a registered manager in post. 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's care and support needs were assessed and care and support plans identified how care and support should be delivered. People we spoke with told us they were happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices. People who used the service told us they felt safe with the staff and the care and support they were provided with.

There were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005. 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.

People were cared for, or supported by, properly trained staff. Staff received support to help them understand how to deliver appropriate care. People told us they got the support they needed with meals and how to access healthcare. We saw arrangements for medication administration were safe.

Quality assurance systems were robust. We found that there were systems in place to monitor the quality and safety of service provided and there were appropriate systems in place for the management of complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed and managed to ensure people's safety.

There were enough skilled and experienced staff to support people and meet their needs.

The recruitment process for staff was robust. This ensured that appropriate staff were employed to meet people's needs safely.

Effective arrangements were in place for the safe handling of medicines.

Is the service effective?

Good

The service was effective.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely.

People consented to their care and support. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff knew the people they were supporting well and were confident people received good care and their individual needs were met well.

Is the service responsive?

Good

The service was responsive

People's needs were assessed before they began to use the service and person centred care and support plans were developed from this information.

A programme of community and service led activity was available to people.

People were given information on how to make a complaint

Is the service well-led?

Good

The service was well- led.

The management team were familiar with people's individual care and support needs and knew people who used the service and staff very well.

There were effective and robust systems in place to monitor and improve the quality of the service provided.

There were systems in place which allowed people who used the service to provide feedback on the service provision.

Waverley Gardens Extra Care

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.

We undertook an announced inspection of Waverley Gardens Extra Care on 20 September 2016. The inspection team consisted of two inspectors.

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. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern

We visited and met four people who used the service in their own flats.
We spoke with eight people who used the service, two team leaders, six care staff, the extra care manager and the registered manager. We also spoke with two healthcare professionals visiting the service on the day. We reviewed a range of documents and records including care records for people who used the service, and those relating to the employment of staff, complaints, accidents and incidents and the management of the service.

In addition, we spoke with two health and social care professionals about their views of the service on the telephone after the inspection.

Good

Is the service safe?

Our findings

People told us they trusted the staff who cared for them. They told us they felt safe in the company of the staff employed by the service. One person told us, "We feel very safe here. There is nothing to worry about". Another person told us" yes I feel safe with staff because when I am not here there are always two staff to enter my flat with permission. They are really very good". They knew who their keyworker was and who to go to if they had any concerns. One person told us "I know my Key worker (Name of staff). They will do whatever I ask them to do. They just make sure I am ok". Another person said "Staff come in to make sure I am ok especially if they have not seen me. That's very good." One relative told us "I am confident that my relative is safe at Waverley Gardens. I have never heard him say he did not like any of the staff". Another relative told us "Yes, my relative knows that there are people around. They feel safe and secure. I am very happy".

Staff we spoke with had a good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse or if abuse had occurred. One member of staff told us "I will report it to my senior first, then the team leader. I can also report to my manager, our human resources, the CQC and the social services. We have a policy that guides us on what to do". Staff had received training in safeguarding adults and the staff records we saw confirmed this.

Staff said they were able to raise any concerns with the team leaders or the registered manager knowing they would be taken seriously. One member of staff told us they felt confident in safeguarding and gave an example of when they had raised concerns about an individual with the registered manager. These reassurances meant the likelihood of abuse happening was reduced.

There was clear evidence from the records that safeguarding concerns were reported and acted upon. Notifications were made to the CQC when any concern was identified and the concerns also shared with the local authority. There was a note on the safeguarding minutes we viewed to show that the manager had followed up safeguarding issues to find out the outcome with the local authority.

We viewed an example of where concerns had arisen in relation to financial abuse. It was clear from the records that action had been taken to prevent reoccurrence, for example by reminding staff of relevant policies and monitoring staff with people who used the service more closely.

There were checks in place to monitor people's finances. For example we saw that a weekly 'safe audit' took place which checked whether the amount of money was as it should be.

Care and support plans had risk assessments that identified hazards people might face. These included falls, skin break down and fire and kitchen equipment. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. For example, ensuring that people with mobility aids had their equipment close by before staff left the flat. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the

health or well-being of someone who used the service. For example, one staff told us " I will call emergency services (999)"
There was evidence that health and safety checks took place. Fires safety systems checks were made weekly. There were also regular checks in people's flats to check the safety of pendants for example, plugs and wires. It was clear the manager was keeping an overview of health and safety, there were notes in the file for example that the manager had completed a walk around the building.

There were clear recordings in relation to accidents and incidents. The form used recorded what action had been taken to prevent reoccurrence. There was also a monthly analysis which allowed the manager to identify any particular trends. For example in one month it was noted that a particular person who used the service had a number of falls. The monthly analysis recorded that the individual was known to the falls team and an action plan was already in place to reduce the incidents.

There were sufficient numbers of staff available to keep people safe. We spoke with the registered manager who told us staffing levels were determined by the number of people and their care and support needs. Staff we spoke with told us they had been allocated enough time to complete each call. One staff member said, "There is always enough staff. Sometimes when I finish I make the person a cup of tea and sit down and have a chat." Another staff member told us, "Generally we do have enough staff. But sometimes we don't have enough time to sit and chat to people." One staff told us that they did not always have time to carry out their key worker role effectively but was able to spend time with service users and provide good care. They felt that weekends were rushed but during the week there were enough staff and enough time to complete care. We discussed the above issues with registered manager who said they would take appropriate action concerning those concerns. People who used the service told us that they were happy with the numbers of staff that attended them and staff were on time.

People we spoke with confirmed they had regular and reliable staff and knew the times of their visits and were kept informed of any changes. They told us staff visited
them up to four times a day and they were always on call through the pendant call system in the event of an emergency.

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours which, ensured there was continuity in service and maintained the care, support and welfare needs of the people who used the service. This showed that people received support from a consistent team of staff who knew people's routines and preferences.

The service had seven days a week on call system, and staff were available in the main building at all times if people needed support. There was a team leader on call seven days a week for support if needed.

The service operated a robust recruitment and selection process. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff files we looked at included written references that had been obtained prior to staff commencing work. The staff team was a consistent group who told us they worked well together and enjoyed their jobs. They said the service ran in such a way they could get to know everyone, resulting in the care being appropriate; in line with people's individual needs and safely delivered.

People who used the service told us they felt well supported with their medicines. The majority of people's medication was pre dispensed from the local pharmacist, which minimised the risk of errors being made.

The service completed a medication risk assessment to establish the support people needed with their medication. We saw people's medication was stored in their own rooms in a locked cabinet. Staff used a medication administration record to support the administration of medicines. One person we spoke with told us "Yes they give me medicine with my breakfast. They also apply creams on my legs".

We reviewed the medication administration records for 10 people who used the service. These were completed correctly and there was a medicines champion who audited the MAR sheets on a weekly basis. Medication training provided included a competency check, which all staff had to achieve before they were allowed to prompt, assist with or give medication.

A log of medicine errors was kept. This highlighted that in previous months a number of errors had been found. These were predominantly staff not recording on the MAR chart when medicines had been administered. There had been a particularly high number of errors in Dec 15 - Jan 16 but since then had reduced. It was clear that the registered manager was aware of this as an issue and was taking steps to address the issue.

There was also evidence of good practice around how errors were managed. They were addressed with the individual staff members concerned who were asked to complete a 'reflective account'. Within these accounts it was clear that staff understood the potential issues in recording errors.

Good

Is the service effective?

Our findings

People told us they were supported by staff who knew what they were doing and helped them maximise their independence. Staff we spoke with said they had regular supervision and appraisal which gave them an opportunity to discuss their roles and options for development. One staff told us "It gives me the opportunity to review my work with my team leader and to discuss my options for training". One staff told us that their supervision was up to date but would prefer more constructive feedback as part of these sessions. We discussed this with the registered manager and they assured us that this would be implemented. Staff records we looked at confirmed staff had received supervision on a regular basis. The registered manager told us staff received supervision and appraisal several times a year and this also included observational supervision. We saw the supervision matrix which showed up and coming dates for staff supervision to take place.

Staff we spoke with told us they were well supported by other staff members and the management team. One staff member told us "We work as a team here and we support each other. My team leader is very good. I can discuss anything I am concerned about with them at any time". Staff said they received training that equipped them to carry out their work effectively, which included fire awareness, infection control and dementia awareness and safeguarding people from abuse.

We saw there were comprehensive training records in place which showed several training course had been completed by staff. For example, safeguarding, Deprivation of Liberty Safeguards, moving and handling and medication. The registered manager told us and this was confirmed in the records shown to us that four members of staff had completed an advanced level of training in first aid. We saw future training updates had been arranged for staff. Competency checks were carried out through direct observations. The training records showed evidence of continuing development and learning.

Staff undertook an induction programme, shadowed senior staff and attended all mandatory training before commencing work. One staff member told us about their induction. They told us "On my first week I had two days induction and three days shadowing. On my second week I had two days induction and three days shadowing and same thing on my third week. It was very good". I have also completed the care certificate. This care certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff could also ask for additional support, or extra time shadowing experienced care staff if they felt they needed it.

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.

The registered manager told us everyone who received a service had capacity to make decisions about their care and support. The registered manager and members of staff we spoke with demonstrated a good

understanding of this legislation and what this meant on a day to day basis when seeking people's consent. One staff member said, "It is about understanding and recognising that people have rights and choices to make their own decisions. Obviously if they are assessed as not having the capacity then decisions are made for them by having a best interest meeting." We have policies and procedure on the mental capacity act".

People told us they were supported to make their own decisions. People had signed documents within their care and support plan and these included the consent to sharing of information within the care and support plan, agreement for a key safe to be in place and administration of medications. These showed the person agreed with the care and support package provided.

People we spoke with told us they were happy with the levels of support given to them in regard to food and drink. People, where appropriate, were assisted to maintain their nutritional and fluid intake and support was provided if needed at mealtimes. One person told us "the staff help me with my breakfast and they take me down to the restaurant for lunch, they also help me with my evening meal. They are very good". One relative told us "Mum eats very well, they help her with her breakfast in the morning, they go back and take her to the restaurant and staff prepare something of her choice at teatime.

Staff were aware of people's specific dietary requirements. We saw information in people's care and support plans about their meals. Staff told us they would prepare meals for some people and this would be from items already purchased or ready meals. They also said some people cooked for themselves." This showed staff were supporting people's nutritional needs and preferences.

One person who used the service told us "I have prepared all the veg and got the potatoes and the meat ready. I am waiting for my relative to arrive so we can cook and have our lunch together". They said others, such as family members were also involved with these aspects of care, for example, shopping.

Some people who lived at Waverley Gardens liked to have their main meals in the restaurant and were complimentary of the meals provided and the choices offered. One person told us, "The food is very good." We saw at lunchtime people shared tables and talked amongst themselves. Meals were served promptly so people could eat together

We found people who used the service or their relatives dealt with people's healthcare appointments, although staff told us they did sometimes arrange GP appointments for people when needed. People said they went to see the optician and dentist if they needed to. One person told us, "I see my optician once a year for an eye check-up. I was given a bifocal glasses and I was also given one for reading only." One relative told us, "My relative's health has improved a lot since I have lived here. I feel much better. They are able to do a lot for themselves which they could not do before. Staff members told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived. This ensured people who used the service received the health care support and checks they required.

Each person had a 'Travel document' that was used if they had to go to hospital. It gave information about each person's needs, likes and dislikes, as well as their medical history and allergies.

Good

Is the service caring?

Our findings

People told us they were happy with the service they received and they received care from the consistent team of staff. People said they were very happy with all of the staff and got on well with them, they were complimentary about the staff who supported them. Comments included, "I am very happy here", "Staff are brilliant" and "Staff are excellent. They are kind and caring"
We observed staff greeted people, asked how they were and took time to listen to what people said. We saw people responded to this by talking with staff and having confidence to inform them of their needs. During the day we heard staff speaking with people in a respectful and polite way both in the lounge and in their flats.

We were given a specific example of where one person's quality of life had benefitted from being in the service. This was in relation to one person with a complex condition whose quality of life had improved following a change in their personal care needs. People we spoke told us, "The staff treat me very kindly, they are caring. They are very thoughtful. I am very happy to be here" they can't do enough for you". Other comments included "We have very nice staff here. They are all very good. I have never been one day worried about anything. They never make you feel uncomfortable. They are very good to me. I can never fault them". One relative told us "Yes, my relative is very settled. The staff know her quite well and they are very good to her. I have a good relationship with them".

Caring and positive relationships were developed with people. People told us they had been asked what care and support they needed, how this should be provided and they felt that they had been listened to. One person told us "They do anything I ask them to do ", Staff told us how they knew individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained detailed information about people's care and support needs. This also included 'My Life so far' document which provided information on things that made people happy, what was important, personal history and things that people did not like. They also always asked people how they liked things to be done.

Staff we spoke with clearly demonstrated they knew people's needs well and they had good relationships with people. Staff spoke enthusiastically and with warmth about wanting to provide good care and support for people and they enjoyed working for the service. One staff member told us, "Definitely . We provide people with the care that meets their needs. We really look after people very well here" .Two health professionals we spoke with told us they felt that staff were very kind and caring to the people who used the service. One of them said" I am satisfied with the way people are looked after here. I will recommend the service to any person who requires that type of service and "they are consistently caring".

Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice by ensuring toilet and bathroom doors were closed, using a towel to cover people when providing personal care and knocking on people's front doors and waiting for a response before entering. We saw staff got down to the same level as people when speaking with them so they could hear what was being said. We saw people understood and responded by communicating back to staff. Care and support plans we looked at highlighted where possible staff should encourage people to be as independent as

possible regarding daily living tasks.

During our inspection we saw people going out of the complex independently. Care and support plans were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. One person told us, "I was really very ill when I came here and staff were doing a lot for me. I am much better so I have asked them to review my care plan because, I don't need much care anymore, and I am becoming more independent". Another person said "Staff are really interested in helping people that live here". One relative told us "They let my family member do as much as possible to them self and staff will do the rest for him. He loves it" We saw there were no visiting restrictions and families could visit when they wanted to.

Good

Is the service responsive?

Our findings

People told us that before they started using the service, discussions were held on how the service could meet their care needs, wishes and expectations. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. We found care and support plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided. One person told us "The manager came to see me in hospital before I came. We discussed the care I need and how they can support me. My daughter came and helped to settle me in". Care and support plans contained details of people's routines and information about people's health and support needs.

Staff told us people's care and support plans were kept in people's own flats, up-to-date and gave them the information they needed. If there were any changes the assistant manager would inform them with any updates.

We saw staff had a communication book to inform each staff shift of the care provided, and had a handover between staff shifts to ensure care staff remained up-to-date with people's care needs and of the care which had been provided. They told us this worked well and was informative.

People told us they had been involved in developing their care plans and in any review. They felt that they had been listened to and their needs were a priority. All said that the care plans met their current needs and that if any adjustments were made then they were involved in that review.

There was evidence that people had opportunity to socialise and take part in activities. A record was kept for example of people who had attended coffee mornings. We also saw that there had been trips out arranged to give people the opportunity to socialise.

People we spoke with confirmed that activities and entertainment in the communal areas of the service which included music and film evenings. One person told us, "I do a lot of entertaining for the tenants. We have films and I help to serve them tea and biscuits afterwards". Another person said "I do go down for the activities and entertainment. It cheers me up. It is an opportunity to chat to other people". People told us they were happy with the level of activity and were content in their own surroundings.

Records were kept of complaints and compliments. This gave the manager opportunity to monitor and reflect on what was working well in the service. We saw that a number of people who used the service and relatives had made positive comments about the care they received. For example, one relative thanked staff for the "brilliant way you all supported my mother's move". Other comments included "I have been struck by the friendliness, warmth and patience, cheerfulness and genuine care shown by every staff member that I met without exception. Your efforts have been well appreciated. I have been enriched by the experience of Waverley Gardens" and "Thank you for doing everything possible with mum. You are all such amazing people".

There was a complaints policy in place. This set out the timescales that complaints would be responded to and also sign posted people to other organisation that could be approached with complaints. We saw examples of complaints that had been responded to. They were acknowledged and recorded together with the action taken to resolve them and the outcome. In one case, we saw that as a result of a fall, part of the actions taken in response was to request an OT assessment and increase monitoring visits. This showed people's concerns were listened to, taken seriously and responded to promptly.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. Where people had concerns they were made aware of how to access the complaints procedure.

The information provided to people encouraged them to raise any concerns they may have. The registered manager said people's complaints were fully investigated and resolved where possible to their satisfaction. People we spoke with said they knew what to if they were unsatisfied about anything. One person said, "If I have any problems at all I go to the manager." Another person told us I would let the carers know but will go higher if I need to. One relative told us "I have no need to complain because we are very pleased with the service our family member is receiving". Another relative said "Because I visit very regularly, I know what is happening. If there is any problem I sort it out straightaway. I have no complaint or concerns".

Good

Is the service well-led?

Our findings

The service had a positive culture that was person centred and focussed on the needs of the people receiving support. One staff member told us "Our tenants come first. They are the most important in our job".
At the time of our inspection the service had a registered manager who was supported in their role by the senior management and by team leaders. Observations and discussions confirmed the management team had good knowledge of people who used the service, their families and their individual needs. We also saw staff attending the office appeared to have a relaxed and friendly relationship with all the management team. There was a clear ethos of enabling people to live as independently as possible and giving people choice. One staff said" Our aim is to support people to maintain their independence as much as possible and have the choice to do what they want to do".

People who used the service were very positive about the management of the service and complimentary about the service they were getting. Comments included: "manager is very good and will do anything for you"; Yes I know the manager very well. They are very good. The manager is very good". Another person told us "The manager is approachable and easy to talk to". One relative told us "Yes, the manager is very approachable. She always waves and greets you and sometimes she comes over to see you and chat to you and ask how you are".

Staff said they felt well supported in their role and spoke positively about the management team and said they were very approachable and supportive. "Our manager is very approachable. They have an open door policy. I feel very well supported". Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. One staff member said, I feel valued by the organisation and we are always asked to contribute our ideas. For example we contributed to the idea of changing a former office into a coffee room for the tenants. The people are the most important"." Another member of staff said, "The manger is approachable. They listen to you and help you to sort out any concerns. I am happy." A third staff member said, "I love my job. I like working here. It is a great place to work and has a great team"

The service had effective and robust systems in place to audit the quality of the care and support they provided to people. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. We saw records relating to provider quality visits. These took place every six months and detailed the various areas that had been looked at such as care plans, staff training, complaints and accidents and incidents. The last visit was dated 17 May 2016. Action points were also identified, for example to ensure that all medicine competency sign offs completed.

People we spoke with said they had received a survey asking their opinion of the service. One person told us "I received on a couple of months ago and I completed it. I am happy with everything they are doing for me" We saw the surveys that had been returned in June 2016 showed all aspects of the service were assessed as either 'excellent' or 'good'. Comments included: "All staff are wonderful", "Very friendly and ready to help", They all have a good attitude" and "I am always treated with respect."

Accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. We were told incidents were reported openly, and we were given examples where the service had learned from incidents. For example, risk assessments for people who were prone to falls were reviewed more often and people were monitored and supervised without compromising their independence.

There were regular staff meetings to ensure that important pieces of information were shared amongst staff. In one set of meeting minutes, we saw for example that feedback was given to staff about medication errors. We saw risk assessments were discussed at team meetings and during supervision between managers and staff. These were also included in the staff communications log or handover. We saw a programme of monthly audits were undertaken. These covered environmental, medication checks and safety checks. These were documented and signed off by the registered manager to show they had been reviewed.

Staff told us the manager had an open door policy and they felt comfortable to approach any of the management team. One staff member told us "I can go and see the manger any time. It's ok". Another comment was "I have also been able to see the manager if I am concerned".

We spoke with four health and social care professionals about their view of the service and they told us they were satisfied with the care provided and had no concerns. Comments included "I am happy with the care provided for the person I placed the there. I have not received any concerns from them. The person kept wanting to go back which tells me they are satisfied with the service" Other comments included "They are very proactive in working with people who may not be very cooperative. On one occasion, they changed the times to suit the person's need and they were very pleased. The carers worked well with them. I can't fault the service they are very good".

The management team understood their responsibilities and had made sure they had submitted statutory notifications to us and completed the Provider Information Return (PIR) as required by the regulations. We found the information in the PIR was an accurate assessment of how the service operated.