

The Council of St Monica Trust

Care and Support Service - Monica Wills House

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 

Overall summary

We undertook an announced inspection of Care and Support Services – Monica Wills House on 1 December 2015. When the service was last inspected in September 2014 there were no breaches of the legal requirements identified.

Care and Support Service – Monica Wills House provides personal care to people living in privately owned or privately rented apartments within the provider's

retirement community site. The service also provides support to some people nominated by Bristol City Council. All of the people at the service have 24 hour access to staff in the event of an emergency. People who lived within the retirement community have access to facilities such as a swimming pool, gym, a small shop, a hairdressing salon as well as a restaurant area. At the time of our inspection the service was providing personal care to 54 people.

Summary of findings

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

People felt safe and were well cared for by the staff team. People said their scheduled care appointments were completed as agreed. If there were any delays people were contacted and people said they understood the reasons for this. Additional systems to ensure people were safe by the use of a telephone and pendant system were in operation

There were sufficient staff to meet people's needs and new staff were only recruited following the completion of robust recruitment processes. There were systems that monitored incidents and accidents with the aim of implementing measures to reduce the risk of reoccurrence. Staff understood their responsibilities in relation to safeguarding people and people's medicines were managed safely.

People told us that staff delivered effective care to them. People said they could gain access to healthcare professionals such as their GP or a dentist. Staff understood the Mental Capacity Act 2005 and demonstrated a good knowledge of the need to obtain consent during the provision of personal care.

Staff received training to deliver effective care and people commented they received personal care from well

trained staff. The provider had an induction for new staff aligned to the care certificate and staff received support through supervision and appraisal. People received support when required with their nutrition and hydration needs.

People gave extremely positive feedback and comments about the staff who provided their care at Monica Wills House. Relatives of people had also provided letters and cards of compliments. People felt their privacy and dignity was maintained and gave examples of how the staff at the service achieved this. Staff understood the people they cared for well and people were involved in decisions about their care. People told us that care was delivered in line with their wishes.

People felt the service was responsive. People's care records were reviewed and contained personalised information about people to meet their needs. People's autobiographies were contained in their files to give staff key information about people. The service had systems to ensure they could be responsive to people's changing needs and people had the opportunity to comment on the service provided.

People understood the management structure at the service and spoke positively of the registered manager and senior staff. Staff demonstrated an awareness of the provider's values and spoke positively about the management of the service and their overall job satisfaction. The registered manager had ways to communicate with staff effectively and there were systems to monitor the quality of service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and there were systems to monitor their safety.

There were sufficient staff on duty to meet people's needs and recruitment procedures were safe.

Staff could identify and respond to suspected abuse and incidents and accidents were monitored.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People felt that staff delivered effective care.

Staff received appropriate training, supervision and appraisal to deliver effective care.

Staff understood the Mental Capacity Act 2005 and how the principles of the Act applied to their role.

People could assess healthcare professionals if required.

Good



Is the service caring?

The service was caring.

People gave a very positive reflection of the care they received.

The service had received a number of compliments about the care and support the service provided.

Staff understood the needs and preferences of the people they supported..

People's privacy and dignity was respected and people gave examples of how staff achieved this.

Good



Is the service responsive?

The service was responsive to people's needs.

People's care records were reviewed and contained personalised information.

People made choices about the level of support they received.

The service was responsive when before, during and after a hospital admission.

The provider had a complaints procedure and people felt able to complain.

People had the opportunity to comment on the service.

Good



Is the service well-led?

The service was well-led.

People understood the management structure of the service.

Staff understood the provider's values and were happy in their roles.

Good



Summary of findings

There were systems to communicate key messages to staff.

There were systems to monitor the quality or service delivered by staff.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 December 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection.

This inspection was carried out by two inspectors. The last inspection of this service was in September 2014 and there were no breaches of the legal requirements identified.

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 the improvements they plan to make. We reviewed the information in the PIR and information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with eight people who lived within Monica Wills House and who received personal care. We also spoke with the registered manager and four care and support staff. We looked at four people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

People said they felt safe. People had a pendant device which could be used during an emergency. Some of the people we spoke with had used the device either by accident, or when they needed help and support. All said the staff responded swiftly. One person said “I had a bit of chest pain once so I used the pendant, and they came really quickly. I was fine, but just needed some reassurance.” Another person said “If you press the alarm, they come ever so quickly.”

There were additional systems to help people to live safely. Each person was required to use the ‘I’m OK’ telephone system. This was a daily service where people used a telephone within their own home to press a button which notified the service that they were OK by a specified time every day. If the person did not register that day, the ‘I’m OK’ system alerted the relevant people which allowed the person to be called on the telephone or a member of staff could attend the person’s home to establish if the person was safe and well.

There was enough staff on duty to meet the needs of people. Staff said there was, “Plenty of staff” and one commented, “We have less staff at weekends, but that’s because less people receive personal care at weekends.” People confirmed they always received care as planned. Although appointment times changed occasionally, people said, “If they’re a bit late, I know it’s because they’ve got caught up with someone else. I don’t mind.” Another person commented, “Sometimes they’re a bit late, but it’s not often”.

New staff were appointed following the completion of safe recruitment processes. Prospective members of staff completed an application form with their previous employment history. An enhanced Disclosure and Barring Service (DBS) check had been completed that ensured people barred from working with certain groups such as vulnerable adults would be identified. Previous employment and character references had been obtained and verification of the staff member’s identity had been obtained through photographic and documentary submissions.

Reported incidents and accidents were reviewed to establish any patterns or trends. The aim of this process was to reduce people’s risks of harm through falls risk

management and intervention if required. There was a system whereby all reported incidents and accidents were evaluated by a dedicated team within the provider’s staff at the results were returned to the relevant people. In addition to this, there was a system to review ‘near misses’ which also allowed the service to identify any action required in order to prevent a future incident.

The provider had arrangements to respond to actual or suspected abuse. There were specified policies for safeguarding and whistleblowing. All of the staff we spoke with said they had received training on how to protect people from the risk of abuse or harm. Staff commented that during their training, they had the opportunity to discuss scenario based questions relating to safeguarding matters which supported them to demonstrate their knowledge. All staff knew how to report any concerns and all said they felt confident their concerns would be taken seriously by senior staff. Staff were also aware of external agencies they could contact to report safeguarding concerns, for example the Commission or the local safeguarding team.

People’s care plans contained comprehensive risk assessments. Where risks to people’s safety had been identified, there were plans in place to minimise the risk. Mobility assessments were completed in full and contained detailed information on individual people’s needs. For example, the plan for one person stated, ‘Has a manual wheelchair for long distances, but uses a 4 wheeled rollator to mobilise around the flat. Has a scooter for community use.’ Staff knew how to use different mobility equipment relevant to their role. One member of staff said, “Moving and handling training is essential for this job. It’s really important to keep people safe.” Staff said that if people’s mobility needs changed, there were hoists available to transfer people.

There were systems in place to ensure that people received their medicines safely. People’s current medicines were recorded in their care records and people received varying levels of support with their medicines from staff at the service. Some of the people we spoke with received help with their medicines. One said “They check if I’ve taken them” but others said they looked after their medicines themselves. Care plans showed clearly if any support with medicines was required. The registered manager had a monthly auditing system that monitored the completion of

Is the service safe?

people's medicines records and staff accuracy when completing them. We saw these audits had been effective in identifying minor staff recording omissions which were subsequently relayed back to the staff member.

Is the service effective?

Our findings

People using the service said they felt the staff were well trained and had the skills to perform their roles. One person said, “The staff often mention some training or other that they have to attend. They seem to get a lot of training”. Another person we spoke with told us, “We have all the support we need.”

People had access to their own GP and appointments were arranged privately by people or their relatives. People told us they would happily arrange their own appointments but also commented how they were confident staff would support them if needed. One person we spoke with said, “I can arrange my Doctor myself, or if needed the staff would do it.” Another person commented, “If I needed extra support they would arrange it.”

New staff employed at the service received an induction which was aligned to the new Care Certificate. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff completed a three day induction period. This was followed by a period of shadowing senior staff and then being monitored by senior staff to ensure they were competent at their role. The induction included training in subjects such as moving and handling, safeguarding, equality and diversity and infection control. Staff received information about the provider’s missions and values they were expected to work in line with. One new member of staff said the provider’s induction programme was, “Interesting and useful.”

Staff told us they felt they received sufficient training from the provider to support them in delivering effective care. The training records showed that essential training was completed in subjects such as emergency first aid, the principles of safeguarding and adult protection and fire safety. Additional training to meet the needs of people who received care such as dementia training, communication, dignity and respect and person centred care was completed. Additional further training was available for development. One of the team leaders we spoke with said they had completed leadership and management training and another said they were hoping to start the course during 2016.

The provider had introduced a system that ensured staff received regular updates in training. A ‘Mandatory Update Day’ had been introduced to give staff the opportunity to complete a full day of update training in specific subjects. This helped to ensure staff were regularly updated in current best practice and legislation if required. These training days included subjects such as health and safety, first aid, moving and handling, safeguarding, the Mental Capacity Act 2005 and equality and diversity.

Staff received regular performance supervision and appraisal. Staff felt supported through this process and told us it gave them the opportunity to discuss their performance with the registered manager or senior staff. Staff received supervision every three months and annually completed an end of year review document that incorporated a personal training and development plan for the following year.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff told us they received training in the MCA and training records supported this. Staff understood they supported some people who were living with a dementia type illness. When asked, staff demonstrated a good knowledge of consent to care and gave examples of how they sought consent from people. One member of staff said, “If people have limited capacity, then I will give them choices. For example, I might show them two outfits and let them choose what to wear.” Care plans contained signed consent forms for people for all aspects of their care.

One person had a Lasting Power of Attorney (LPA) appointed by the Office of the Public Guardian (OPG) who made decisions on the person’s behalf in relation to the person’s care and treatment. The service had ensured that they had the correct documentation within the person’s records should decisions by the person’s LPA and any other healthcare professional need to be made.

The registered manager informed us that no-one was at risk of malnutrition or obesity. No person was receiving any specialist healthcare input for weight management. People told us they sometimes used the restaurant within the service that they paid for and were complimentary of the food provided. People told us that staff supported them with shopping and would have a small amount of meal preparation done as part of the care package provided.

Is the service caring?

Our findings

People spoke very positively about the caring nature of the staff. They said, "All the staff are lovely, one of the male ones is a real gentleman. He always makes sure my cardigan is down by my back properly so that I'm comfortable." Another person commented, "The staff are really very caring, nothing is too much trouble." One person also said, "If I'm not feeling well, I don't even have to tell the staff, because they spot it straight away, they know me so well."

The registered manager maintained a compliments log that showed the positive feedback people and their relatives had given. We reviewed a sample of the recent feedback given to the service which reflected the comments we receive from people. We recorded a sample of the compliments made by people's relatives. One relative commented, "Thank you so much for the care and devotion shown to Dad, especially in his last days. Another said, Thank you for everything that you did for [service user name] and for us. It is truly appreciated. A further card read, Thank you all so very much for the kindness you have shown to my mother."

People's privacy and dignity was respected and their preferences in relation to care staff acted upon. All of the people we spoke with said they had been asked about their preference for a male or female member of staff to support them with personal care. Two people said that on occasion a male member of staff rather than a female had been sent

due to staff sickness, but both said they had been informed of the reason. One said, "I've had a male carer once or twice, but they were very good, and made sure I maintained my dignity." The other commented, "I had a male carer once, but he waited in the bedroom while I showered, so I knew he was there if I needed him, but I was also able to shower in private."

During our discussions with staff it was apparent they knew the people they cared for and supported well. Staff were aware of people's preferences and likes and people's preferred routines. All of the staff we spoke with were positive about ensuring people received high quality care to benefit people living at Monica Wills House. One staff member commented, "The staff here really do care. We weed out staff if they aren't caring". They also commented, "Every member of the team will fight for the resident's wellbeing. They have such big hearts."

People were involved in making decisions about their care. Prior to moving to Monica Wills House, people's care packages were written in conjunction with the person. One member of staff said, "The care plans are written to suit people's preferences. All packages are different, for example some people like help with a shower now and again, whilst another person likes to have a bath every day". People we spoke with told us they received care in line with their wishes and that they felt involved in all aspects of their care. People also told us they were able to be as independent as they wished. One person said "I can do what I like when I like really."

Is the service responsive?

Our findings

People's care needs were met. All people spoke positively about the care delivery from staff and told us that staff were responsive to their changing needs. One person said, "The staff come every morning, make my breakfast, make the bed and then wash up. I wash myself though. Then later they help me downstairs for lunch, then bring me back up and make me a cup of tea. I decide what support I need." Another person commented, "The staff do whatever you want them to do". A member of staff said "Care isn't regimented here; it's based on what the residents want."

Care plans were person centred, and showed that people's individual preferences had been considered when the care package was developed. There was detailed guidance for staff on how to meet people's personal choices whilst also maintaining their independence as much as possible. For example, in one plan it was stated that although the person required assistance to shower, they preferred to manage their oral hygiene themselves. Another person's plan informed staff undertaking the evening visit to 'Ensure there is a glass of water by the bedside.'

People's records contained autobiographies about people to aid staff in knowing and understanding people better. Information about the person's life history, for example where they were born, their family, education, occupation and other significant life events were recorded. This meant that staff could read about the person to understand their history and use this as an aid to communicate with the person and to understand the most important aspects of their history.

The service had systems to ensure they could be responsive to people's changing needs. For example, if

people were admitted to hospital, a 'Residents Travelling File' document was created that contained information such as the person's personal information, their medical detail and history, a summary of their care plan and a record of previous hospital admissions. In addition to this, following a hospital discharge the service completed a 'Welfare and Support Hospital Return' interview. This was a welfare check conducted with people to see how their hospital admission went and if the person currently wished for any increased assistance in the event their needs had changed.

The provider had a complaints procedure that outlined how complaints would be addressed. The complaints log at the service that showed a total of 21 complaints had been recorded in 2015. We highlighted to the registered manager that not all of these complaints related to the provision of personal care. They informed us the service would undertake a review to see if complaints could be separated to demonstrate the service only received a small amount of complaints in relation to the care provided at the service. Where complaints had been made, we found these they had been addressed in accordance with the provider's procedure.

People had the opportunity to express their views of the service. During June 2015 feedback from people was sought about the different aspects of the service including matters such as the friendliness of staff, the skills of staff and staff took an interest in people and their lives. The results reflected the service positively. One person commented within the survey, "We cannot praise the staff in Monica Wills House enough and we are both blown away with the dedication of all connected to Monica Wills House. We just love it here."

Is the service well-led?

Our findings

People told us they knew the staff well at the service and were aware of the management structure. People told us the registered manager and senior staff were approachable and were always available. One person commented, “[Registered manager name] is always here, I see her almost every day.” Another person said, “I see her [registered manager] checking on things making sure things are as they should be.” They then said, “I’ve raised little problems and they have solved them straight way.”

All staff spoke positively about the registered manager and the level of support they received. All said that the team leaders and the registered manager were approachable and easy to talk to. Staff said they attended regular team meetings and were invited to contribute agenda items if they wished. Staff said that if they couldn’t attend the meetings for any reason that minutes were made available for them to read. We saw from supporting meeting minutes that staff discussed matters such as training, new staff members, complaints, medicines and care planning at the meetings.

Staff said there was an open culture and that if they needed to raise any concerns they could. One member of staff said, “The manager is the most approachable manager I have ever worked for. I can discuss anything with her and she will support me.” All of the staff spoken with stated that they would recommend Monica Wills House as a place to live and a place to work. Many of the staff had been in post for several years and when asked why they said, “This is a nice place to work, with a great team ethic.” Another said, “I would absolutely recommend it here. It would take a really special job to make me want to leave.”

Staff were familiar with the values of the provider and were able to discuss them with us. One staff member said, “The values here focus on providing the best of person centred care.” Another member of staff said, “There are such good values here, the management and the whole team hold such importance on the resident’s well-being.”

There were systems to monitor the quality of service provided. For example, trustee assurance visits were undertaken every six months. This involved a member of the board of trustees attending the service and reviewing the service against the five key questions the service is inspected against by the Commission. This involved speaking with people who receive care, staff and undertaking observations. Recent visits had reported positive feedback.

The registered manager or senior staff also undertook a care and support visit audit. This involved observing people’s care appointments with their consent and monitoring the quality of the care provided by the staff member. We saw this audit and observation also ensured that the accuracy of people’s records was checked to establish if staff had completed them correctly. People’s medicine records were also checked and the cleanliness of people’s apartments was monitored to ensure domestic staff maintained a high standard of cleanliness.

There was a system to audit areas of the service that may have an impact on the safety of people at the service. There was a dedicated staff team that completed regular and robust audits that monitored the environment and associated health and safety risks. In addition to this, the service had systems to audit people’s medicines records and care records.

The registered manager was well supported by the provider and senior members of the trust. They explained how they received the required level of support with training and development and that they received regular supervision from their immediate line manager. The registered manager demonstrated they understood their legal requirements in relation to submitting notifications to the Commission and a review of our systems showed that notifications had been received as required. The Provider Information Return (PIR) had been completed by the retirement community manager and returned within the specified time frame.