

## Housing & Care 21

# Housing & Care 21 - Badminton Gardens

### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

What life is like for people using this service:

Each person we spoke with told us that Badminton Gardens was a nice place to live. They told us the staff were kind and treated them with dignity and respect.

People were empowered to make their own choices about how they liked to be cared for. Independence was promoted and staff actively ensured people maintained links with their friends and family.

Staff delivered person centred care to people and had a good awareness of people's preferences, likes and dislikes. People were observed to have good relationships with the staff. Activities were provided to people if they wished to participate.

People had access to a range of health care professionals. People were encouraged to contact health care professionals themselves where possible. If staff were concerned about a person's wellbeing they appropriately reported concerns without delay.

People told us they felt safe. Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns. Risks to people's wellbeing were assessed and action taken to reduce these.

People were provided with safe care by adequate numbers of appropriately skilled staff.. Staff recruitment procedures were safe and the employment files contained all the relevant information to help ensure only suitable people were employed to work at the service.

Staff received regular supervision to discuss their progress and training needs. Spot checks were completed by senior staff to monitor staff performance and ensure people were receiving support in line with their needs and expectations.

Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. Staff had a good understanding of people's needs and supported them effectively.

People received a service that was well led because the registered manager provided good leadership and management. The registered manager had an effective system in place to regularly assess and monitor the quality of the service that people received. Quality assurance systems involved people who used the service.

More information in Detailed Findings below.

Rating at last inspection: Good (report published 25 October 2016).

About the service: Badminton Gardens is an extra care housing scheme for older people, comprising of 63 flats with some communal areas. People who lived at the service had a separate care and tenancy agreement. At the time of our inspection the service supported 34 people with personal care. Some people who lived at the service received care and support from another provider. Other people required social and domestic visits or welfare calls only.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until the next inspection. If any concerning information is received we may inspect sooner.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Housing & Care 21 - Badminton Gardens

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team: The inspection of Badminton Gardens was carried out by one Adult Social Care Inspector.

Service and service type: Badminton Gardens is an extra care housing scheme for older people, comprising of 63 flats. The CQC only regulates personal care provided to people at the service and not the accommodation people lived in. For this reason, we only looked at the care people received.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection of the service was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager, staff and people were available to speak with us.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who received personal care from the service and one relative, to ask about their experience of the care provided. We spoke with seven members of staff including

the registered manager, two assistant care managers and care staff.

We reviewed a range of records. This included three people's care records and medicines records. We also looked at three staff files to check the recruitment of staff. We checked the training and supervision records of staff and records relating to the management of the service.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm.

Safeguarding systems and processes.

- Effective safeguarding systems were in place and all staff we spoke with had a good understanding of how to protect people from harm. Staff had received safeguarding training which included who they should report concerns to.
- The appropriate referrals had been made directly to the local safeguarding authority if the service had concerns about people's safety.
- People told us they felt safe and were happy with the care provided. They were able to explain to us how the staff maintained their safety. One person told us, "After a fall the staff put in place extra checks to make sure I was safe". Another person told us, "I wear my pendent which makes me feel safe should I feel unwell".

Assessing risk, safety monitoring and management.

- Risks to people's safety were assessed and plans were put in place to minimise risk of harm. This included risks associated with people's health, such as their mobility, environment, diet, self-harm and neglect. The service used red, amber and green cards with one person to help reduce the risk of self-harm. When the person showed a red card to staff, this meant they were at risk of harm and staff were to contact the appropriate professional.
- Risk assessments clearly identified the potential risk to people and gave clear guidance to staff about the measures needed to reduce the risk.
- These risks had been continually monitored, with assessments being updated as needed.

Staffing levels.

- People told us they received care in a timely way. Comments included, "The staff are brilliant and arrive on time daily" and "If the staff are running late they let you know".
- The registered manager confirmed at the time of our inspection they had no staff vacancies with all posts recruited to.
- The service used a rostering system to schedule staff. Schedules were planned two weeks in advance. We looked at schedules and found people's visits were planned and were not missed.
- Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a criminal record check, and had provided references and identification before starting work.

Using medicines safely.

- People's medicines were managed safely. Staff who supported people with their medicines had received training. Competency checks were carried out to make sure they were following the correct procedures.
- We looked at a selection of medicines records and we found records were up to date and accurate.
- People told us they were happy with the support they received to take their medicines. One person told us, "The staff are very good and encourage me to take the tablets with water. They help me to order my tablets to".

- Medicines audits were carried out every month and action was taken to address any shortfalls identified. A new monitoring system had been introduced and implemented by the current registered manager. This had reduced the number of medicines errors, omissions and recording issues.

Preventing and controlling infection.

- The service managed the control and prevention of infection. The registered manger was the infection control lead for the service.
- Staff were provided with the appropriate PPE which included gloves, aprons and face masks. Staff were provided with a uniform to wear.
- All staff received infection control training which emphasised the importance of good hand washing techniques.

Learning lessons when things go wrong.

- Accidents and incidents affecting people's safety were recorded and monitored closely to identify trends or patterns.
- We were shown examples of changes made to people's support plans to reduce the risk of reoccurrence. For example, where specific risks had been identified for people some extra wellbeing calls had been introduced.



# Is the service effective?

## Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The service carried out comprehensive pre-admissions assessments of people. Assessments were carried out by the assistant care managers alongside the housing manager. This was to check if people's needs could be met. Both the tenancy agreement and people's care needs were discussed.
- Regular reviews were carried out to check the service could meet people's needs. The registered manager told us some people's care packages were reduced or increased due to changes in people's needs.
- Staff supported people to maintain a good quality of life. Staff applied learning effectively in line with best practice.

Staff skills, knowledge and experience.

- People said they felt staff at the service were suitably trained and experienced to support them.
- Staff received a comprehensive induction. New staff spent time shadowing experienced staff before they worked unsupervised.
- Training was planned and was appropriate to staff roles and responsibilities. Staff said they had received training which equipped them to carry out their work effectively.
- Staff received regular supervision and had a yearly appraisal. Staff told us they felt supported within their role.

Supporting people to eat and drink enough with choice in a balanced diet.

- If a person required assistance with meal or drink preparation, the level of support they needed was identified during the assessment process.
- Staff confirmed they read people's support plans, which recorded their favourite foods and dislikes.
- If staff were concerned people were not receiving the appropriate levels of nutrition this was reported to the office. The appropriate professionals were then contacted for advice.

Staff providing consistent, effective, timely care.

- The service worked alongside a number of healthcare professionals which included GP's, district nurses and occupational therapists.
- The registered manager told us they had a good relationship with the local GP surgery. If people were unwell they were encouraged to ring the GP themselves. However, on some occasions staff contacted the GP on a person's behalf.
- If people consented or if they were taken to hospital information was shared with other professionals as required.

Adapting service, design, decoration to meet people's needs.

- People had furnished their flats with their own furniture. We visited people and found that their flats were homely and personalised. People were able to decorate their flats how they wished.
- Each flat had either one or two bedrooms, bathroom, lounge and an open plan kitchen.

- The extra care scheme was accessible for people to use with lifts and automatic doors around the building.
- People had access to a downstairs restaurant and lounge area where they could socialise with others.

Ensuring consent to care and treatment in line with law and guidance.

- 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.
- Staff had MCA training and were provided with a basic understanding of the act. They were aware that the MCA existed to protect the rights of people who lacked mental capacity to make certain decisions about their own wellbeing.
- Staff gained people's consent to support them at each visit. Staff we spoke with confirmed they read people's support plans before any care tasks were carried out. This was to make sure they understood the support each person required and to seek their permission.

# Is the service caring?

## Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- We observed positive interactions between people and staff. People were treated with kindness and were positive about the staff's caring attitude. One person told us, "We have lots of friendly banter and I love to wind the staff up. They care for me very well".
- People's diverse needs and how they were to be met were written in people's individual support plans. This included cultural and spiritual needs where they had been identified.
- People told us staff knew their preferences and how they liked to be cared for. Within each person's support plan there was information about people's life history.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported by staff to make decisions about their care; and knew when people wanted help and support from their relatives. External professionals were contacted when help was needed to support people with decision making.
- Regular reviews were held with people to discuss their care package. People were supported to tell the staff what they thought about the care they received.
- The registered manager told us they signposted people to advocacy service's when needed.

Respecting and promoting people's privacy, dignity and independence.

- Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people.
- Staff respected people's dignity by knocking on people's doors and awaited a response before entering.
- As the service was commissioned with a set number of hours they were able to accommodate six-week rehabilitation packages, following a hospital admission or a decline in people's health. The registered manager told us this had reduced the pressure on the health service. The service rehabilitated people to regain life skills and promoted independence.
- People were able to maintain as much independence as possible by having staff that empowered people. Staff also told us how they aimed to maximise people's independence when delivering care. The registered manager gave us examples of how staff had worked closely with people to achieve personal goals.

## Is the service responsive?

### Our findings

People's needs were met through good organisation and delivery.

Personalised care.

- Person centred support plans were in place. Support plans included people's likes, dislikes and what was important to the them.
- Staff were knowledgeable about people and were able to tell us how some people liked to be cared for.
- The service was responsive to people's needs and were able to support people at short notice. They were able to adapt the service to provide person centred care. Earlier this year, the service received a call from a commissioning team. This was to ask if the service could take on a large package of care following another agency's withdrawal of all service's with less than 12 hours' notice. The package of care was an end of life package and required double up visits. The registered manager told us at the time they did not quite have the capacity to support this. However, working together with the assistant care managers they were able to complete the allocated double up calls as a team. This was until there was room for the staff to provide the visits. We were told the service worked hard to meet the persons needs as they did not have correct equipment in place at the beginning and they showed signs of pressure sores. Through effective working alongside occupational therapists and district nurses the service was able to put in place the correct equipment for the person. This meant the person could continue to be cared for at home.
- People participated in a range of activities. Within Badminton Gardens it was the landlord's responsibility to arrange activities for people and to bring the local community into the service. The staff recognised that activities were not being provided as people wished. The service took it upon themselves to organise activities for people. Bingo was played once every fortnight. As this was a regular activity the staff were paid for their time but as a care provider they were not funded to provide this. A Halloween party for people took place in October 2018 and staff volunteered to come and support this. Staff and people dressed up for the occasion. Other activities provided included quizzes, scrabble, parties and singalongs. A Christmas party was also organised for people to attend. We were told this helped to reduce the risk of isolation. The registered manager told us how one person had benefitted from attending activities. They were previously isolated and withdrawn and stayed in their flat. With the daily encouragement from staff they attended activity's and met some new friends within the group of people. This had ultimately prevented them from being socially isolated.
- During the Christmas period the management team at the service recognised that some people wanted to have opportunity to complete Christmas shopping. However, it was not included within their allocated support to receive support with shopping. The management team arranged for staff to accompany people if they wished to go to the local shopping centres to purchase their family Christmas presents. This had an impact on some people as they were previously not able to give to their family at Christmas time. This was due to their family previously completing their shopping for them. The registered manager told us people had benefitted from this and they felt a level satisfaction. This had boosted people's self-esteem and helped them to feel empowered.
- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.

- Regular reviews of people's support were carried out. Professionals and relatives were invited to attend.

Improving care quality in response to complaints or concerns.

- People we spoke with told us they would know how to make a complaint, should the need arise.
- People were provided with a detailed complaints procedure. This clearly explained the complaints process to be followed.
- Within the last 12 months three complaints had been received by the registered manager. They had been investigated and the appropriate action taken to ensure they were resolved.

End of life care and support.

- The service was not supporting any person to receive end of life care at the time of our inspection. The service had recently provided end of life care to a person who lived at the service with their wife. The service also supported the person's wife who found the situation difficult. The registered manager told us when the person sadly passed away they felt ending visits to her would have been detrimental to her health. The service was not funded to provide the visits however they chose to keep the visits that were in place for him aside for her. This meant the person maintained the support they had received from staff during visits. We were told that a care package was secured for the person with the local authority. Gradually over time the person's visits reduced during the day. Badminton Gardens had since chosen to lead on a model where they offered support to people and family member's going through a bereavement. This was to prevent loneliness or concerns with their own health. This also gave the staff a level of satisfaction.

# Is the service well-led?

## Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person centred care.

Promotion of person centred, high quality care and good outcomes for people.

- Staff told us they felt listened to and that the registered manager was approachable. Staff told us, and our observations confirmed the registered manager led by example and demonstrated strong and visible leadership.
- The registered manager was committed to provide person centred care to people. The service was able to demonstrate this with several stories shared with us. This was about how they had provided person centred care to people which we included within this report.
- The registered manager had worked hard to implement new systems. They supported senior staff through restructuring within their roles.
- People spoke positively about the leadership of the service. Their comments included, "I feel the service is well managed. It certainly seems to be" and "Yes, I would say it is very well run here".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager managed the service alongside another one of the provider's extra care services. They divided their week between both services to ensure they were managed effectively.
- The service employed assistant care managers who managed the day to day running of the service. The assistant care managers we spoke with shared the same values as the registered manager.
- An area manager supported the registered manager and visited regularly to meet with people and to carry out audits of the service.
- The service had a robust quality assurance system in place. Audits were regularly undertaken by the registered manager and assistant care managers.

Engaging and involving people using the service, the public and staff.

- People, staff, relatives and professionals were encouraged to complete yearly satisfaction surveys. The feedback was used to improve the service.
- Regular tenants meetings were held at the scheme. These were chaired by the housing manager which the registered manager attended.
- Staff attended regular staff meetings with the registered manager. Staff confirmed they felt supported and listened to within their role.

Continuous learning and improving care.

- The registered manager led by example and promoted a positive approach to learning and development.
- The service looked at innovative ways to improve the care people received. This included the assistant care manager's taking part in people's care reviews. The registered manager adjusted people's support plans to promote their wellbeing.

Working in partnership with others.

- The service had built good links with other resources and organisations within the community. A local nursery school visited people at the service regularly which people said they enjoyed. The children completed various activities with people, from singing to book reading but also asking people questions on subjects that they have great knowledge of. For example, the War.
- The service supported the local community. One of the ways they did this was to introduce a box for people to place items in which was then donated to the local food bank. The service received many donations from people and staff.
- The registered manager attended extra care meetings with the local authority. This was attended by other extra care providers. At the last meeting on 06 November 2018 falls prevention was discussed. The service was looking in to possibility of a chair raiser being used to assist people from the floor who had fallen with no injury. The registered manager was hopeful training would be provided by the ambulance service.
- The registered manager attended a manager's network group which was run by the local authority. We were told best practice was shared.