

Bedford Borough Council

Dame Alice Court

Inspection report

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Date of inspection visit:
18 February 2016

Date of publication:
05 April 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on 18 February 2016.

Dame Alice Court provides personal care for people living within a sheltered housing scheme. The scheme is made up of 39 flats which, at the time of our inspection, were occupied by 41 people. The service provided personal care to 25 of those people.

The service had a registered manager. 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 that they were kept safe by members of staff, and staff were trained and knowledgeable about abuse and actions to take to avoid it. In addition, they ensured that accidents, incidents and safeguarding concerns were reported appropriately. There were risk assessments in place to provide staff with guidance about how to keep people safe and to minimise potential harm. There were sufficient numbers of staff to keep people safe and to meet their needs; members of staff had been recruited following robust procedures. People were encouraged to take their medication independently, however where required, staff were trained to support them, and there were systems in place to accurately record medication administration.

Staff members received training and supervisions from the provider, to ensure they had the skills and knowledge they needed to perform their roles. People's consent had been sought by members of staff, before they provided them with care. There were systems in place to ensure the principles of the Mental Capacity Act 2005 were followed, if people were unable to consent to their own care. People were encouraged to be as independent as possible, however, staff were able to support people with meal preparation and booking and attending healthcare appointments, if necessary.

There was a positive and mutually beneficial relationship between people and members of staff. Staff valued the people they cared for and spent time interacting with them and building strong relationships. People had also been involved in planning their care, and the service had ensured that care plans were reflective of their needs and wishes. Staff were aware of the importance of treating people with dignity and respect, and worked to ensure that this was achieved.

People received care which was person-centred and based on their individual needs and wishes. Care plans were reviewed regularly, to ensure they were accurate and contained information about people's current needs and wishes. People had visits scheduled in accordance with their wishes, but they could also request additional support at short notice from the service. The provider had a complaints procedure in place, which people were aware of. Few complaints were made, but those that were, were dealt with appropriately.

People were happy with the care they received from the service, and staff were motivated to provide them with the best support possible. This helped to create a positive and open atmosphere at the service. People and staff also felt that the registered manager was a regular presence at the service, and felt well supported by them. There were quality assurance procedures in place, to help identify areas for improvement and highlight positive areas of performance.

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.

People felt safe with the support they received from staff. Staff understood abuse and safeguarding procedures and potential abuse was reported appropriately.

Risk assessments were carried out to ensure people were protected from harm as far as possible.

Staffing levels were sufficient to keep people safe and meet their needs. Staff had been recruited safely.

People's medication was managed safely, following robust procedures.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and received regular training, up-date and supervision sessions to ensure they had the skills they needed.

Staff sought people's consent before providing them with care, to ensure their wishes were respected.

People were supported to have a full and nutritious diet if required.

Staff also supported people to see healthcare professionals, when needed.

Is the service caring?

Good ●

The service was caring.

There was a positive and meaningful relationship between people and members of staff. Staff spent time interacting socially with people, as well as meeting their care needs.

People had been involved in planning their care and the service had listened to how they wanted to be cared for.

People's privacy and dignity were respected by members of staff.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which was tailored to their specific needs and wishes.

Care plans were based on these needs and wishes and were reviewed on a regular basis to ensure they were accurate and up-to-date.

People were aware of the service's complaints procedures and were confident that any complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture at the service. People were happy with the care they received and staff were motivated to perform their roles.

People and staff were aware of who the registered manager was and felt well supported by them.

The registered manager had implemented a number of quality assurance systems at the service to monitor performance and highlight areas for improvement.

Dame Alice Court

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.

This inspection took place on 18 February 2016 and was unannounced. It was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had experience of many different care services, including those for older people. They supported this inspection by making telephone calls to people who received care from the service.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

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.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and spoke with people and staff about their experience.

We spoke with five people who used the service in order to gain their views about the quality of the service provided. We were able to speak with two relatives of people, as well as four care staff, one team leader and the registered manager. In addition, we also spoke with the manager of the housing association, also based in Dame Alice Court, and a visiting health professional and social worker.

We reviewed care records for seven people who used the service to ensure they were reflective of their

current needs. We looked at six staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems.

Is the service safe?

Our findings

People felt safe and secure at the service. They told us that they were able to live independently, however there were staff available on-site if they needed them. One person told us, "I feel very safe when they are here, but also it helps me to know that I only have to press my buzzer if I require anything." People were comfortable at the service and felt protected from harm or abuse as staff were able to keep them safe.

Staff members were able to explain types and potential signs of abuse. They explained that part of their role was to look out for potential abuse and to take action to ensure people were protected from avoidable harm. One staff member told us, "We have had training on safeguarding." Another staff member said, "If a person was being abused, I couldn't turn a blind eye to it." All the staff members we spoke to were aware of safeguarding procedures, and were prepared to raise any concerns they had about people's safety and welfare. They told us that they would report incidents to the registered manager and involve the local authority safeguarding team, as well as other agencies such as the Police or the Care Quality Commission (CQC), if required. We looked at safeguarding records and saw that incidents of potential abuse had been reported appropriately, and that the service had taken action to keep people safe. In addition, we saw that there were policies in place to provide staff with guidance, and that useful information, such as contact information for the local authority safeguarding team, was on display for staff to refer to.

People told us that they were aware that the service had carried out risk assessments to help make sure they were safe from harm. Staff members explained that risk assessments were carried out to identify potential hazards to people and the environment, to ensure they were protected from risks. The registered manager showed us that there were risk assessments in people's care plans, which provided staff with guidance regarding specific risks that people faced, as well as control measures which were in place, to help reduce the likelihood of these risks occurring. We checked people's records and saw that risk assessments were in place for areas such as falls and nutrition. These were specific to each individual and were regularly reviewed and updated. The registered manager also showed us that there were general risk assessments in place for the service, including an emergency business continuity plan. This included details about the actions that staff should take in the case of emergencies, such as fire or extreme adverse weather conditions. This meant that risks to people were assessed and mitigated against, and that there were systems in place to maintain continuity of care delivery in emergency situations.

The registered manager also showed us that accidents and incidents involving people, their visitors and members of staff, were reported. These incident reports were analysed to identify patterns and trends, and learning took place to help reduce the chances of the incident being repeated.

People felt that there were sufficient numbers of staff at the service to meet their needs. One person told us, "I don't have to worry about carers being late because they are always here in the complex." Another person said, "I always know the carers are here and I can hear them in the corridor when they are going up and down." People explained that they had agreed regular visits with the service, to ensure their needs were met. They told us that these visits were not missed and carers were rarely late, and never by more than a few minutes. The registered manager told us that the numbers of staff on duty were determined by people's

needs, with increased members of staff deployed at busier times, such as mornings when people required support with personal care. We saw that staffing rotas provided consistent levels of staffing throughout the week, and that shifts were covered. In addition, we saw that there were monitoring systems in place, which involved staff members logging in electronically when they carried out visits. This allowed the service to monitor people's visits and ensure that staff were providing people with the correct levels of care.

Staff members told us that they had been recruited following a safe and robust procedure. One staff member told us, "Everything was checked before you could start." They explained that the service carried out a number of checks, such as Disclosure and Barring Service (DBS) criminal record checks and previous employment references, to ensure they were suitable for their roles. Staff recruitment files showed that staff members had DBS checks and references carried out. In addition, there were application forms which provided information regarding previous employment and interview notes, which demonstrated how the decision had been made to employ the staff member. This showed that staff were safely recruited and were assessed to ensure they were of good character.

None of the people we spoke with required support from the service with their medication, they explained that they were encouraged to manage their medication independently, but they knew that staff could help in this area if requested. Members of staff told us that they only provided people with support with their medication if it was agreed that they needed this help. In addition, only trained staff were able to help people take their medicines. Staff told us that they knew what medication to administer as it was recorded in people's care plans, as well as their Medication Administration Record (MAR) charts. We checked people's records, and saw that they described what medication people were prescribed, as well as the levels of support that they required. MAR charts were completed in full and codes were used to record if medication was missed or refused. When required, people's medication was administered safely, following robust procedures.

Is the service effective?

Our findings

People told us that they felt that staff members possessed the knowledge and skills that they required to meet their individual needs. They stated that staff members had regular training, as well as update sessions, to help them maintain their skills. One person told us, "They certainly know what they are doing and their training seems to be alright as far as I see." Another person said, "They tell me when they are going on re-training courses, which seems to be quite often. But in terms of what I need, they all appear to have the right skills to be able to do things for me." This demonstrated that people were confident that staff members had the right skills and knowledge to meet their needs.

Staff members informed us that they were well trained. They explained that when they started working at the service they received full induction training, to help ensure they had the skills they required, and to help them become familiar with the service and the people receiving care. One staff member said, "Yes, we have induction training, and we shadow other staff." Another member of staff said, "The first couple of weeks I was shadowing." Staff and the registered manager confirmed that, as well as receiving induction training, they spent a period of time shadowing other members of staff. This allowed them to get used to the systems in place at the service, as well as providing an opportunity to meet with people and get to know them and their needs. Records confirmed that staff received induction training at the start of their employment.

In addition, members of staff also told us that they received regular and on-going training, to help them to maintain their skills and develop new skills to continue to meet people's needs. One staff member said, "I have recently had fire, medication and dementia training, I find them really quite interesting and I feel like I actually learn something." Another told us, "There is lots of training available." The registered manager told us that there were systems in place to monitor staff training and ensure that training was up-to-date. In addition staff were able to book onto additional courses which they were interested in, and enrol on courses such as Qualification Credit Framework (QCF) certificates in health and social care. Training records confirmed that staff training was up-to-date and that members of staff were booked onto regular training and refresher courses, to help maintain their skills.

Staff members told us that they received regular supervision sessions with senior staff. These were opportunities to raise any concerns they may have, or to discuss any training or development needs that they may have. The registered manager also told us that staff members had annual appraisals to review their performance and set goals for the year ahead. Records confirmed that staff received both supervisions and appraisals to help them develop in their roles.

People told us that staff always spoke to them about the care or support that they were going to provide, and members of staff confirmed that they always sought people's consent before providing them with support. They explained that it was important that they acted in line with people's wishes, and to make sure they were happy with what was going to happen. People's records confirmed that consent had been sought by the service, with consent forms signed and clear evidence that people had been asked about how they would like their care to be provided.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Members of staff had received training regarding the MCA, however told us that they had not needed to implement the procedures set out in it at the service. The registered manager confirmed that people living at the service were able to make their own decisions; however, they showed us that there were policies and assessments available in case people did not have mental capacity. This would allow the service to ensure that mental capacity was assessed fully, and that any decisions made, were in people's best interests.

Most people we spoke with told us that they were able to prepare their own food and drink in their flats. Some people told us that they received support from staff members to prepare simple meals which they chose, such as breakfast, sandwiches and microwave meals. They told us that they could choose what they ate, and when they had it. One person said, "What's nice about being here is that if a carer comes in in the morning and I'm not quite ready for my breakfast, she will always say that she can go and sort out one of my neighbours, and then will pop back when I am ready for my breakfast." Staff members confirmed that they encouraged people to prepare their own meals, however were happy to provide people with support if necessary. People's care plans clearly stated what support, if any, they needed from staff to maintain their diet and nutrition. They also detailed when people liked to eat and their likes and dislikes. The registered manager showed us that there were forms and charts in place to carry out nutritional monitoring, if required. People were encouraged to be independent when preparing their own food and drink; however the service were prepared to support them if necessary.

People were also encouraged to manage their own health appointments as much as possible. Staff members told us that a number of people were supported by their families in this area, however the service were prepared to support in this area if necessary. The registered manager told us that they had a good relationship with local GP's practices, as well as other healthcare professionals, such as district nurses. This helped to ensure that people's healthcare needs were met in a timely manner. Records showed that people had regular visits from healthcare professionals, and also were supported to attend appointments in the community if necessary.

Is the service caring?

Our findings

People felt that they had positive and meaningful relationships with members of staff at the service. One person said, "All the carers are lovely, they take the time to have a bit of a chat and always make sure they ask if I want a hot drink before they leave. They will always look around the flat to see if there's any other jobs that I need doing." Another person told us, "I like to go out most days if the weather is fine and they always tell me that I only have to ask them and they will come and help me put my coat on and then take it off when I get back. Little things like that make all the difference to me." A third person said, "I've lived here quite a while now and all the carers know how I like things to be done. They are all very good and I certainly don't have a problem with anything." All the people we spoke with were positive about members of staff and told us that they were kind, caring and compassionate, and prepared to go the extra mile when providing them with care or support.

Members of staff told us that it was important to value the people they cared for, and to work to build strong relationships with them. One member of staff said, "I like it here, the residents are all so lovely and the care is at such a high standard." Another staff member told us, "You get to know people and their likes and dislikes. You build up a rapport." Staff members felt that it was important to spend quality time with people, to develop relationships and provide people with social interaction. They explained that there were a number of lounges and communal areas around the housing scheme, which people often relaxed in. When staff were able to, they also spent time chatting to people in these areas and getting to know them. During our inspection we saw staff talking with people. During these conversations they showed that they knew people well and spoke to them about their specific interests.

People told us that they had been involved in planning their own care, often with the support of their family members as well. One person said, "We sat down with one of the managers and talked about what it was I needed help with and the manager explained how it works here. I haven't been disappointed because everything they said would happen has." The registered manager told us that people were involved in planning their care, and that they could involve their family members as well if they wish. They told us that each person had a copy of their care plan in their flat, which was a duplicate of the one which was held in the office. This allowed people to read and check their care plans whenever they wanted to. Daily notes were also stored in people's flats, so that they could see what staff had written. Care plans showed that people had been involved in planning their own care, and that input from people's family members had been included.

There was useful information for people around the service such as information about the care that people received, the housing association and other services available from the provider. The registered manager also told us that people were provided with information about the service, including a user guide. This provided information about the service, as well as contact information and guidance on how to provide feedback or to make a complaint.

People felt that members of staff treated them with dignity and respect. One person told us, "I have help with my wash every morning but the carer will always make sure that I'm ready to have my wash before we

start doing anything." Another person said, "The carer will always make sure that the curtains are closed before we start to get me undressed. Just little things like that show me they are thinking about me." Staff members told us that they received training in dignity, and that they made sure they treated people with respect throughout their shift. We saw that the service had a policy in place regarding this, and that they had recently been involved in a dignity awareness day, organised by the provider. As a result the staff team had worked together to produce a 'digni-tree', which had helped them to focus on this area and ensure they treated people in the way that they wished to be treated.

Is the service responsive?

Our findings

People received care that was personalised and specific to their individual needs and wishes. The registered manager explained to us that each person had a pre-admission assessment completed, before they came to live at the service. This involved input from the person, their family and the housing scheme manager, and was used to ensure that the service was a suitable placement for them. We checked people's care records and saw that initial assessments were in place. They provided information regarding people's initial care needs, medication support needs and areas of strength where the person was able to care for themselves independently. The pre-admission assessment was used to create an initial care plan, which provided staff with the guidance that they required to meet people's care and support needs. As members of staff got to know people and their needs in more detail, more detailed care plans were drawn up. These included information regarding people's specific care needs during each visit, and were updated on a regular basis to ensure they were reflective of people's current needs and wishes.

People told us that they had a care plan in place, which reflected their care and support needs, as well as areas which they were able to manage for themselves. They also told us that their care plans were regularly updated, to ensure the information in them was up-to-date. One person told us, "The care plan was written when I first moved in, but since then I have had a number of visits from one of the managers and the care plan has changed as I have needed a bit more support. Each time we chat and something changes, they take away the care plan and make sure that when it comes back to me to go in my folder that it has the up-to-date information in it." Another person told us, "I think I've got fussier as I've got older and I must admit I like things to be done the way that I like them. The carers are all lovely here and they know my little ways and I never have any problems with any of them." All the people we spoke to told us that their care plan was regularly updated, and had been reviewed at least once within the past six months. They told us that this meant that staff were aware of their changing needs and ensured they received the correct care and support.

People told us that the care they received was flexible, and could be easily adapted to meet their needs when they changed, even with very short notice. One person told us, "The real benefit of having the carers here on site is that you can ask for a change just that morning." Another person said, "All I have to do is press my buzzer and tell them that I need to rearrange your visit time and they will go away and make it happen." The registered manager confirmed that people did have pre-arranged visit times, however these were flexible and people could request additional visits if they needed some extra support. We saw that visit times were recorded in people's care plans, and that staff completed daily notes to detail what happened during that visit. When extra visits were required, these were also recorded and care plans were updated if necessary.

None of the people we spoke to had felt the need to raise a complaint about the care that they received, however all were aware of the procedure for doing so, and were prepared to if they had any concerns. One person told us, "In the folder in my room there is a page which tells you how to make a complaint and who to speak to. I've never had to make a complaint, but if I did I think they would listen to my concerns and do something about it." Another person said, "I can't really think of any reason why I would need to make a

complaint, but they are all so caring here, that I'm sure if there was a problem they would want to sort it out for me." The registered manager confirmed that comments or complaints from people were welcomed, as they could use them to help improve the care that was provided. Complaints records showed that the service had only received one complaint since our last inspection. This had been investigated by the registered manager, and the complainant had also been written to, detailing the investigation process and the outcome of the complaint. We also saw that in the same period the service had received numerous compliments and thank-you notes from people living at the service and their family members.

Is the service well-led?

Our findings

People were positive about their experience of receiving care from the service, and the organisation and management of the service. One person told us, "Just the fact that everything is here to and that you only have to press the buzzer either in your room or I have one round my neck, to get someone to help, makes such a difference to your life. I know that sounds silly but it's really hard to explain how much less worry I have since I have been living here." Another person said, "Everyone is so caring and nothing is too much trouble." People explained that they felt that the service was well run, and that staff were well supported so were able to perform their roles well.

Staff members told us that they felt there was a positive atmosphere at the service, and this helped them to provide people with the care and support they needed, in the way that they wanted it. Staff were motivated to perform their roles and to provide people with the care that they needed. One staff member told us, "I love it!" Another staff member said, "We give good care here, I'm glad that I am here." This meant that people benefited from receiving care from staff that were committed to providing the best support possible, and were committed to working at the service.

People told us that they were aware of who the registered manager was, and that they saw them regularly. In addition, they were able to get in touch with them at any time, if they needed to. One person told us, "I know that I only have to press the buzzer to speak to somebody in the office downstairs, and if I need to see a manager they would arrange for that to happen really quickly." Another person said, "I have never had a problem speaking to a manager if I have needed to and they always know me without me having to explain in too much detail about myself." This meant that people felt they could always get the support and guidance of senior and management staff, if they needed it.

Staff members also told us that they felt well supported by the registered manager, and other senior staff members at the service. One staff member told us, "The manager is excellent and really supportive. We see her regularly and she is always at the end of the phone. The team leaders manage really well when the manager is not here, they're very supportive." Another staff member said, "The manager is great – very supportive." This support allowed staff to ensure they delivered quality care and were empowered to perform their roles.

Staff members also told us that there were regular meetings and daily communication notes recorded and passed from one shift to another. This ensured that any changes or developments with people's care needs were passed on, so that all staff were aware of what needed to be done. In addition, the registered manager told us that there were daily briefings, which included all the staff on that shift. We observed the briefing which took place after all the morning visits had taken place on the day of our inspection. Staff used this time to provide the team leader and registered manager with feedback about how people had been during their call that morning. This allowed them to identify any concerns or changes to people's needs quickly, as well as ensuring that each person that required a visit, had received it. This meant that problems or missed calls were quickly identified, and remedial action could be taken quickly to ensure people's needs were being met.

The registered manager showed us that there were systems in place to ensure accidents and incidents were reviewed, and that learning took place at the service, to ensure that the likelihood of a repeat incident was reduced. The registered manager was also aware of their statutory responsibilities, such as sending the Care Quality Commission (CQC) details of certain incidents, such as safeguarding concerns or serious injuries. There were systems in place to ensure that these notifications were sent if such incidents occurred, and CQC received these notifications when necessary.

People told us that the service regularly sought their feedback about the care that they received. One person told us, "The manager does ask if there is anything that they can improve or make better." Another person said, "A manager has asked me about my views of the care provided and I have always told them that I think it is really very very good and I can't think of anything that I would ask to be improved." Staff members told us that they were always keen to seek people's views about their care, and that there were regular surveys sent out to gain people's views on their care. The registered manager confirmed that these surveys were sent out, and that the results from them were collated and analysed. These results were then used to help drive improvements within the service. We saw that action plans were compiled as a result of these results, which showed that the service used people's feedback to help improve the service.

The registered manager also had a number of quality monitoring systems in place. They explained that there were checks and audits of areas such as care plans and medication administration, which were used to help identify areas of the service which required improvement. These systems were used to generate action plans, which detailed the areas that needed to be improved, and who was responsible for that improvement. There were also spot checks carried out with members of staff, to monitor their performance and identify any areas for improvement, or specific training needs, as well as to highlight positive areas of staff performance. We saw that there were records that regular checks and audits were carried out, and that they helped the registered manager to identify areas for improvement within the service. They used this to help develop the service and improve the care that people received.