Battersea Place Retirement Village Ltd

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Battersea Place Retirement Village Limited provides a domiciliary care service for older people living in 103 apartments on site.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, out of the 105 occupied apartments, 10 people were receiving personal care.

People's experience of using this service and what we found
We found some aspects of care planning was inconsistent. Although, the provider provided reassurance to us after the inspection they had taken steps to rectify the issues found, these issues could have been identified and corrected earlier.

People told us they were happy with the standard and delivery of care they received. They told us they felt safe and secure. Care workers had received training in safeguarding and infection control and were aware of what they would do to protect people from harm and poor infection control practice. There were enough care workers employed to provide safe and timely care to people and recruitment procedures were robust. Risks to people were identified and care plans were in place to manage potential risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care workers received training that was relevant to their role. They were competency assessed on their ability to administer medicines effectively. People using the service were independent in managing their nutritional and general healthcare needs themselves, but care workers supported them if required. Where people's needs changed, the provider carried out assessments which helped to ensure care was delivered in a way that met their needs. People told us they were involved in planning and consenting to their care.

People said that care workers were kind and compassionate and treated them well. Care workers were recruited based on the caring values they demonstrated during their recruitment. People were supported to maintain their independence. People's views were considered, and they were able to express their views through meetings and resident committees.

People told us they led active, independent lives and there was a good activities program available to them if they chose to take part. No formal complaints had been raised, people felt confident that if they did these would be considered, and appropriate action taken.

There had been some changes in the management of the service with a newly recruited registered manager and head of care. People and care workers told us these changes did not have an impact on the delivery of care. They felt that the registered manager was approachable and a good manager. Quality assurance checks took place, these were effective in identifying areas of improvement which were included in a service improvement plan.

Rating at last inspection
The last rating for this service was Good (published 2 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Requires Improvement

The service was not always 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.

Battersea Place Retirement Village Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was conducted by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 was unannounced.
Inspection activity started on 16 December 2019 and ended on 16 December 2019. We visited the office location on 16 December 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection
We spoke with three people using the service. We also spoke with five staff including the head of care, the registered manager, and three care workers.

We reviewed a range of records. This included four care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints and incident forms were reviewed.

After the inspection
We requested additional evidence to be sent to us after our inspection. This including the training and induction programme records and feedback survey results.

Good

Is the service safe?

Our findings

Is the service safe?

Our findings - Is the service safe? = Good

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People told us they felt safe living in their own flats and safe from poor care or neglect.
- Records showed that care workers had received safeguarding training. They were aware of safeguarding procedures and what steps they would take to keep people safe if they suspected they were at risk of harm. One care worker said, "Safeguarding is protecting vulnerable adults or children. It can be physical, mental and financial. If you notice signs of harm or people are acting withdrawn, it's about noticing changes and reporting them."
- There were no current safeguarding activities and records showed where concerns had been raised in the past, the provider took action to report any allegations to the relevant bodies.

Assessing risk, safety monitoring and management
- The provider carried out risk assessments which helped to ensure risk were identified and action taken to manage them. These were reviewed on a monthly basis.
- Risk assessments were in place to identify, for example, whether people were at risk of falls, malnutrition, mobility or development of pressure sores. These were effective in identifying areas of high risk and what steps care workers needed to take to keep people safe.
- A general home environmental risk assessment was completed which helped to ensure people's flats were safe for them to live and for care workers to work in.

Using medicines safely
- People had been assessed and most were able to manage their own medicines. There were only two people who were being supported by staff to take their medicines.
- Where people were being supported to take their medicines, care workers completed medicine records which showed which medicines people had taken. These were being completed correctly.
- The registered manager checked these records on a regular basis to ensure people were given their medicines correctly.
- Records showed that care workers received training in the safe handling of medicines and medicines administration. They were also assessed on their competency to administer medicines safely by the registered manager.

Staffing and recruitment

● People told us they had no concerns about time keeping and care workers turned up on time to support them. One person said, "The timekeeping is pretty good, since [the registered manager] has been here it's been much more regular. One person did indicate they would like to be informed beforehand which care workers were allocated to them. They said, "I feel safe, but would like to have more regular carers. I never know who it is going to come, it doesn't matter as they are all perfectly good but it's nice to know who is coming." We fed this back to the registered manager, who told us she would email them their rota in advance.

● There were four care workers on shift in the morning, three in the afternoon and one at night. Care workers felt that staff levels were adequate, and staff were available in case of an emergency from a separate registered service which was operating from the same address if the need arose.

● Staff recruitment was robust and staff files included all the required pre-employment checks including written references, a right to work checklist, identity and criminal record checks.

Learning lessons when things go wrong

● Incidents and accidents were recorded and reported appropriately.

● Records showed the provider took action in response to any trends identified. For example, one person with a history of falls had been referred to the falls clinic via the GP and had been visited by a physiotherapist and the district nursing team. Their falls risk assessment and their mobility care plan had been updated to reflect their changing support needs.

Preventing and controlling infection

● People told us that care workers wore gloves when attending to their care needs. Care workers confirmed they were given Personal Protective Equipment (PPE) to minimise the risk of infection.

● Training records showed that staff received training in various aspects of infection control including, Control of Substances Hazardous to Health (COSHH), food safety and infection control.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People said care workers were trained and equipped to carry out their roles.
- Records showed that care workers had received regular supervision. They were given an opportunity to speak about their roles, responsibilities, the care they delivered and the people they supported and any training needs. They also had an annual appraisal where they received feedback about their work.
- The head of care and the registered manager told us they were in the midst of rolling out a new training programme which included a new induction programme and training more closely aligned to the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers. The new induction programme, in addition to an introduction to the service included practical competency assessments to help ensure new care workers were able to carry out their duties effectively. Competency assessments included personal care, toileting, changing position, helping people to eat and drink and assisting people with their social wellbeing.
- Records showed care workers received training in areas that were relevant to their role, for example, moving and handling, dementia awareness, person centred care and medicines.

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

- People told us they were involved in planning their care and the service was flexible in terms of meeting their needs. People typically moved into their flats when they were independent and as their needs changed, they were able to call on the provider to provide them with support as required, either short or long term.
- The registered manager carried out an assessment of needs when requested and this covered areas such as cognition, psychological, physical and social needs.
- The provider used universally accepted tools to identify people's support needs. For example, the Malnutrition Universal Screening Tool (MUST) to identify risk of malnutrition, the Barthel Scale/Index (BI) to measure performance in activities of daily living and dependency and the Waterlow scale to assess the risk of developing pressure sores.

Supporting people to eat and drink enough to maintain a balanced diet

- The majority of people said they did not require any support in relation to their eating and drinking but care workers supported them when necessary. There was a restaurant on site which people told us they chose to eat or order from. Others told us they shopped for food and care workers prepared meals to their liking. Comments included, "I manage my own meals but I go to the restaurant when entertaining", "I order lunch from downstairs and the rest of the stuff like cereal and fruit I order online" and "We have a fully fitted

kitchen but I choose not to cook, we have a restaurant which is very good."
● Records showed that care workers received training in nutrition and hydration and they demonstrated a good understanding of people's preferences in relation to their diet.
● Nutrition and hydration care plans identified people's support needs in relation to eating and drinking. For example, where people had difficulty swallowing, their care plans captured information that staff needed to support them effectively.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access relevant community health services as necessary. People told us they had the choice of retaining their existing GP or register with the visiting GP who visited weekly.
● Care plans included any relevant medical history and health diagnosis and how this impacted people's day to day lives. The care planning system allowed for a 'hospital pack' to be generated, pulling together relevant information from people's care records to be shared with hospital teams in the event of a hospital admission.
● Staff were familiar with people's health needs and of the importance of raising any concerns about people's health in a timely manner.
● The provider employed a physiotherapist who people were able to access if required. They typically provided support and advice in relation to people's changing mobility needs. One person said, "I had a physio come and help me when I started, and he helped with my independence."
● An on-site gym and a swimming pool were available to help people maintain a healthy lifestyle and keep fit.

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.

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.
When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● People told us they were fully involved in the delivery of their care. They said they were able to choose when and how care was to be delivered, including the times and the type of help needed.
● Care records included consent and agreement forms when people had decided to start receiving care.
● Care plans included a mental capacity assessment and support plans in relation to mental capacity.
● Care workers were aware of the importance of asking for consent form people before supporting them with personal care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said care workers were caring and kind towards them. Comments included, "They deliver care according to what I want. They always ask is there anything else I can do for you", "Absolutely happy" and "I am very happy, they are extremely kind and amenable."
- Care workers received training in equality, diversity and inclusion. They spoke about how they supported people in a way that respected their diverse needs. One care worker said, "Person centred care is about finding out about people's lives, what they like and dislike. It's getting to know your clients and delivering care according to their routine and their life." The provider hosted themed evenings which reflected people's cultural needs, for example St Patricks day, remembrance Sunday and a Caribbean evening.

Respecting and promoting people's privacy, dignity and independence

- People said that care workers encouraged them to maintain their independence and provided care in a dignified manner with respect for privacy. They said, "They help me with showering and dressing, I can manage in-between", "They also help my [relative], she has care in the morning, lunch and afternoon and supper and before bedtime. The carers are very good, very respectful and care for privacy."
- Care workers demonstrated a good understanding of people's support needs and told us about the importance of maintaining people's privacy when delivering personal care. Comments included, "When delivering personal care, you have to ask question and do care according to their wishes." Another said, "We deliver care how they wish to be given. For example, what time they want to be showered. We don't insist, we respect their choices."
- People lived independent lives and told us that staff helped them to do so. People we spoke with told us they all managed their own healthcare needs and made appointments themselves and shopped independently. One person spoke about how staff supported them to go to the train station, so they could visit their family and friends. Another person told us they had many friends in the local area and were able to go out and see them when they wanted.
- The provider offered a range of hospitality services and people had access to a number of hotel-inspired amenities to facilitate an independent lifestyle. This included a concierge service, an onsite restaurant, gym and swimming pool and chauffeur service.

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

- People said they were involved in their care which was delivered in line with their wishes.
- Care plans included people's preferences in relation to how they wished to be cared for. For example, what they liked to eat and drink, how they liked their personal care to be delivered and at what time and any

other help needed.

● There was an active resident's association with a number of sub-committees including one for care delivery and hospitality. People told us they were involved in these committees which they used as a platform to engage with the provider and feedback about the service. One person said, "I'm on the care committee, people can come to us and we can pass it onto the residents committee to discuss with management."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- We found there was some inconsistency in the recording of information in the care plans. For example, one person's 'life history' section was left blank. Another person who had been identified at risk of poor oral health did not have an associated care plan and there was no information in the personal care support plan to guide staff on how to support this person in this aspect.
- Although at the time of the inspection, nobody was receiving end of life care, wishes for future care and advance care plans were not always completed.
- We raised these issues with the registered manager and head of care at the time of the inspection They acknowledged these but also demonstrated their commitment to making improvements. These issues had been identified as areas of improvement and corrective action in the service improvement plan which they had implemented since they had started.
- After the inspection, we received written confirmation from the registered manager that the issues highlighted above had been rectified. However, these issues could have been identified and corrected earlier.
- Care workers were issued with a mobile handset with access to the care planning system. They told us this system worked well, they were able to see care plans and the help that people needed during each visit. After each visit, they updated the system with the tasks they had completed such as help with personal care, eating and drinking.
- Where they were in place, copies of Do Not Resuscitate (DNR) forms were kept in care records for care workers to be aware of if necessary.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of the inspection, nobody had any profound communication needs.
- One person who was hard of hearing had a communication support plan in place which provided guidance to care workers on how best to support this person and the most effective ways to communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were happy with the activities and social opportunities that were available to them.

Comments included, "I go to the opera in the cinema and the opera society", "The cinema is always full, very popular" and "There is a very good girl in charge of entertainment."

● The activities program was a relevant and appropriate to people using the service. This included a film club, aqua aerobics, tai chi and yoga and communal informal events such as a coffee club and a Sunday lunch.

Improving care quality in response to complaints or concerns

● People told us they had no major complaints but were able to provide feedback and raise concerns as required through a number of channels. Comments included, "They listen to feedback", "If I have any issues I can always approach [the registered manager], I tend to email her. I prefer it."

● The residents association provided a forum for people to raise any issues. There was also a resident meetings held every two months with management, during which people were able to raise any concerns or suggestions to heads of departments of various services such as catering, housekeeping, head of care, facilities and entertainment.

● There had been no formal complaints that had been received since January 2019.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●There had been some changes in the management of the service recently. At the time of the inspection, the head of care had been in post for approximately two months and the registered manager four months. Although some people had said there had been a period of upheaval, the felt this did not have an impact on the delivery of care to a large extent. Comments from people included, "They are addressing some of the areas, I spoke with one of the staff - she said the atmosphere has changed (since the registered manager started)", "The head of care] and [Registered manager] are both doing an excellent job, it's the first time in a while that its felt like someone is in charge" and "Things have improved enormously."

● Changes in management and the structure of the business had been made and were also being considered for the future. Some of the changes that had already been implemented with clearer distinction between the two registered services at the same site and the allocation of staff across the two services.

● The registered manager said clinical governance meetings which took place every three months gave her an opportunity to share good practice and work through any issues with other managers across the business. Meeting minutes showed that some of the areas being discussed included identifying a central training provider and staff well-being.

● Care workers said, "[Registered manager] is fantastic" and "[The head of care] and [Registered manager] are very hands on."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● People felt the registered manager and the head of care were open to suggestions and made themselves available to speak with.

● Records showed the provider was open and engaged with health and social care professionals where required, this included submitting notifications to CQC when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People told us the provider did their best to try and engage with them, keep them fully involved and sought their views on the service they received.

● People were encouraged to provide feedback via the residents' association committee and also the residents meetings with management. One person said, "The residents associations is very active, [the chair] is very good. We take any issue to him and he takes it up officially."

● Care workers told us the registered manager was approachable and they had regular team meetings and one-to-one supervision. This gave them an opportunity to express their views. One care worker said, "We have regular staff meetings, we can talk about the residents or our own individual needs." Staff meeting minutes showed topics that were relevant to staff were discussed, for example, staff training, rotas and care planning.
● Satisfaction questionnaires were completed by people. We reviewed the results of these and saw a comparison over the last three years. People were asked about their views in relation to the service as whole, staff, restaurant service, security and maintenance, the entertainment and the care they received. The results showed a high percentage of people were either very satisfied or satisfied overall with the service. The aspects of the service that people were most happy with was the friendliness and helpfulness of staff and the quality of service.
● Records and correspondence seen demonstrated the provider worked with community health and social care teams where required. Local schools were also invited to the service to perform choir services for people.

Continuous learning and improving care
● Records showed that care plans were reviewed on a monthly basis.
● The registered manager carried out a number of audits and checks to records to help ensure they were up to date. These included quarterly care plan, nutrition and hydration and medicines audits.
● There was a commitment to learning and improving the quality of service. There was an improvement plan in place which was current. This was effective in identifying some areas that needed to be improved such as the inconsistency in care plans and also the improvements to be made in relation to the training provision.