

Brunelcare

Colliers Gardens Extra Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Colliers Gardens Extra Care is an extra care housing scheme for older people, comprising of individual flats in one large building. The scheme had some communal areas, and an onsite restaurant. People who lived at the service had a separate care and tenancy agreement. At the time of our inspection, the service supported 38 people with personal care. Other people required support with social, domestic visits or welfare calls only.

People's experience of using this service and what we found

Staff received training in how to recognise and report abuse. People confirmed they were happy with the care they received. Appropriate recruitment checks had taken place before staff started work. People told us there were enough staff available to meet their needs. People's medicines were managed safely, and the service had procedures in place to reduce the risk of infection.

Staff had received training to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. 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.

Staff knew people well and were kind and respected people's privacy and dignity. Positive relationships had been formed between staff and people using the service and people were encouraged to maintain their independence. The management team promoted diversity and inclusion within the service.

The service was responsive to people's health and social needs. People's care records were reflective of people's individual care needs and preferences and were reviewed on a regular basis. People knew about the service's complaints procedures and knew how to make a complaint. People were supported and helped to maintain their health and to access health services when they needed them.

Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences.

Rating at last inspection: The last rating for this service was good (published May 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?

Good ●

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.

Colliers Gardens Extra Care

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 carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people available to speak with us.

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 met with four people who received care from the service. This was to find out about their experience of the care provided. We spoke with six members of staff including the registered manager, area manager and

care staff.

We reviewed a range of records. This included three people's care records and multiple medication 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 policies and procedures were reviewed.

Is the service safe?

Our findings

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. Assessing risk, safety monitoring and management

- Staff had a good understanding of the signs of abuse and knew how to raise concerns if they had them. The management team knew how to report concerns to the local authority.
- Where staff had reported concerns, these had been dealt with appropriately and immediate action had been taken to keep people safe.
- People's health and care risks had been identified, reviewed and recorded to show staff how to provide care which was safe and appropriate to meet their needs.
- Each person had a completed risk assessment about their home environment, which provided further information to maintain a safe place for both the person and staff.

Staffing and recruitment

- People and the staff that we spoke with told us they were enough staff to meet people's day-to-day care needs and cover planned and unplanned staff absences. The staff praised the willingness of the team leaders to help by providing people's direct care and support where needed.
- Staff confirmed that robust recruitment systems and processes were in place. We were told they were no gaps in employment, references were gained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.
- We noted the staff recruitment records did not contain the individual DBS numbers and the date of issue. During the inspection the registered manager contacted the providers human resources team. A spreadsheet of the DBS numbers and issue dates was given to us. We asked the registered manager to update the staff recruitment records with the information.

Using medicines safely

- People's support needs for medicines had been assessed and people told us they were encouraged to continue managing their own medicines where it was safe for them to do so.
- Staff were trained and knew how to safely administer and record the medication given to people.
- There were checks in place to review records to show people had received their medicines as prescribed.

Preventing and controlling infection. Learning lessons when things go wrong

- Staff were aware of their role in preventing the risk of infection and used personal protective equipment such as gloves and aprons to lessen the risk. All staff had received infection control training.
- When incidents occurred, these were logged and analysed for trends, including considering how the

person's environment at the time of the incident may have contributed to the event. For example, staff identified one person had suffered from several falls. Whilst visiting the person the staff noticed magazines were kept under the persons chair. The person said they were trying to pick up magazines each time they had fallen. To reduce the risk of further falls, the staff purchased a magazine rack for the person. This was kept in a suitable place.

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.

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

- People's needs were assessed prior to receiving care and support from the service.
- During the assessment of people's needs the registered manager allocated staff to care for people based on the same interests and personalities.
- People's care plans were detailed for each identified need they had. Staff we spoke with had a good understanding of each person and knew how to deliver their care and meet their needs.
- People's protected characteristics and diversity were considered and acted upon; staff took into account characteristics such as disability and religion when planning people's care.

Staff support: induction, training, skills and experience

- Staff told us they felt they had the training they needed to do their job. Staff were trained in relevant areas such as safeguarding, mental capacity, manual handling and first aid.
- Staff had an induction period where they had to complete mandatory training as well as be observed as competent carrying out their role by a line manager.
- The registered manager told us the service was part of a skills network and could access further training for staff. One example given was mindfulness training. This was undertaken by some staff to help improve the wellbeing of the staff and the people the service supported. Other additional training undertaken by staff included for example, mental health training.

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

- People's support plans included information about their dietary needs and food preferences.
- Some required staff support with meal preparation. People told us they offered them choices about what they would like to eat and drink. This included choosing if they wished to eat lunch at the onsite restaurant or in their flat.
- Staff were aware of encouraging choices, healthy eating and promoting good hydration. Staff told us they would always report to the registered manager if they found that a person was not eating and drinking

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff and management knew people well and were able to promptly identify when needs changed and sought professional advice appropriately.
- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.

- Staff and management worked in partnership with health and social care organisations where appropriate sharing information about people to ensure that the care and support provided was effective and in their best interests.
- The registered manager carried out surveys with people regarding oral hygiene and if they had access to see a dentist. They hoped to find a domiciliary dentist to visit those who were unable to visit a local dentist.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff always asked for their consent before providing any personal care. For example, one person told us, "Yes they do ask for my consent. The staff always ask me if I am happy to have a wash".
- Support plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve relatives and professional representatives, to ensure decisions would be made in their best interests.

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 we met with told us staff were kind and caring and treated them well. Comments included, "I am really well cared for. It is like a five-star hotel" and "The staff are caring. I love the friendly banter we share".
- Complimentary letters and cards had been received. Comments included, "I really appreciate all the hard work and effort" and "Thank you all so much for the care of mum".
- Some people the service supported had pets that lived with them. One person we spoke with lived with their dog. They told us how much they valued the staff support to care for not only them but their pet. The staff helped to feed and walk their dog on occasions they were not able to do so.
- Staff spoke about their work with great pride. They had a clear commitment to promoting people's continued health, wellbeing and quality of life.

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

- Staff listened to people's views and ensured they were involved in making decisions about their care. Staff recognised when people needed help from others, such as obtaining advice and guidance.
- Staff told us they supported people to make choices, for example in relation to what they should wear. One person was encouraged by staff to spend time out of bed on an afternoon.
- Regular reviews were carried out with people to check that people's views were sought regarding the care they received.
- People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity was maintained. Staff showed respect by knocking on doors before entering their flats. One person told us they were respectful when helping them to wash and get dressed. They told us the staff helped to cover them up in towels after a wash.
- Support plans placed a strong emphasis on treating people with dignity, respecting their privacy and encouraging them to be as independent as possible.
- People were encouraged by a team of staff to be independent with tasks as much as possible. Support plans detailed people's dependency levels and gave staff guidance on the level of support they required to undertake daily living skills. One person we spoke with said staff encouraged them to wash parts of their body that they were able to. They explained to us the importance of trying to be independent.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans were detailed and identified key areas and goals where people required support. There was information on how best to provide care and what people preferred and information on what was required on each visit was summarised on visit plans.
- Care records were updated when people's needs changed and continued to be regularly reviewed.
- The service was very flexible and was adapted to meet people's changing needs. An example included if they were unwell and required extra visits during the day.
- Staff were responsive to people's needs and reported changes in their wellbeing. An example included that the staff had noticed changes to one person's body area. They supported the person with follow up visits to their GP and hospital where they were later diagnosed with cancer.

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.

- Assistive technology was used to support people to translate information. The service used a phone application to translate information to people. An example included some people's first spoken language was Chinese. The application helped the staff to fully communicate information to people.
- One member of staff that worked at the service had learnt some words from another language. They told us this had really helped to support people. The staff member hoped to undertake a course to learn the Cantonese language which would help to further improve communication.

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 participated in a range of activities, with the aim being to prevent the risk of social isolation. The service was not commissioned to provide activities to people. People paid contributions towards activities which were run by the staff.
- Part of the registered managers role was to organise adhoc events for people every three months. An example of one social event which took place was a fish and chip night with a movie.
- The service also focused on preventing social isolation for the people within the local community. The service accessed activities for people living within the community. They were also encouraged to use the onsite restaurant and to mix with other people the service supported.
- The service ran a toddler's group at Colliers Gardens. The registered manager told us people really

enjoyed participating in the toddler's group and they would often help out. Some people chose to sit and watch the children play. We were told this was a social activity which people enjoyed.

- The service had undertaken a food project with a local community group and worked in partnership with them. The food project was being ran over a two-year period. The aim of the project was to help engage people with the activity and to prevent social isolation.
- An opening Chinese tea ceremony was held to launch the project and was named Bristol meet the world. A selection of food was shared with people whilst they socialised with each other.
- As part of the project a series of cookery sessions took place with people. On some occasions local chefs held cookery sessions with people which focused on a range of food. We were told that one-person previously had not engaged with activities. Since taking part in an Italian themed session they had wanted to take part in further activities. At the end of the project the recipes were to be put together within a cookery book. A copy was to be shared with people that had participated.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were dealt with. There was a complaints policy and processes had been followed. We reviewed the complaints file and identified there had been five complaints in the last 12 months.
- People were provided with information in relation how to make a complaint. People told us they would make a complaint if needed and were confident it would be dealt with appropriately.

End of life care and support

- If people wished to discuss end of life plans, this was recorded in their support plan.
- Where appropriate people's support plans had decisions taken for 'Do not attempt cardiopulmonary resuscitation' (DNACPR). This is a way of recording a decision a person or others on their behalf had made that they would not be resuscitated in the event of a sudden cardiac collapse.
- We were told at the time of our inspection no people were receiving end of life care.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear, positive and open culture amongst the management team and the care staff.
- Staff felt very supported by the registered manager and team leader. One staff member told us, "I have lots of respect for her. She does a great job". Another staff member told us, "I tend to go to the team leaders more. They are just as good and help with hands on care".
- The registered manager led by example. They spoke about the priorities of ensuring a strong, committed, stable staff team. They promoted this by acknowledging the importance of treating their staff well.
- Staff described how they had opportunities to celebrate good practice, which made them feel valued. They were also able to share and learn from experiences in meetings and supervisions.

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

- The registered manager was aware of their responsibilities under the duty of candour and this was promoted to staff via staff meetings and supervisions.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents were met.

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

- The service was managed by a registered manager who had the support from staff which included team leaders. An area manager supported the registered manager and regularly visited the service.
- Suitable arrangements had been made to operate, monitor and evaluate the running of the service. There were some quality checks to ensure people received safe care to meet their needs and expectations. Quality checks of the service were regularly carried out by the provider.
- We spoke to the registered manager about updating the providers recruitment and selection policy. This was to include information about how the provider ensured that staff continued to be fit to work with vulnerable people after their initial DBS check. The registered manager told us the provider was looking into reviewing the current policy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual surveys were sent out by the provider to people. They were able to give feedback about the service

they received. Action plans were in place to address any shortfalls within the service. The last survey was carried out in September 2019 and results were positive. Comments from the survey included, "I am satisfied", "We are one big family and "All staff are easy to approach".

- Monthly staff meetings were held with staff. Staff we spoke with told us they felt they were listened to. The notes of the meeting were displayed in the main office for those staff to read who could not attend.
- Monthly newsletters were given out to the staff and people who received support from the service. The newsletters were separate for people and staff. It contained updates about the service and welcomed new people and staff to the service.
- Regular tenant meetings were held throughout the year with people who received care from the service. Separate Chinese caseworker meetings were held with people. The meeting minutes were translated for people.

Continuous learning and improving care. Working in partnership with others

- The registered manager recognised the importance of working in partnership with other agencies to improve people's care. This was so people received 'joined-up' support. This included liaising with care managers (social workers) and with commissioners.
- The service worked in partnership with a number of other agencies. Examples included the Bristol and Avon Chinese woman's group, local stroke group and link age.
- The service worked with the local university and was part of a project to benefit older people. A group of students helped to plan and take control of the service's yearly fete. The students met with people who received care and support from the service to find out what they wanted on the day. The fete raised over £1000.00 to benefit the people of Colliers Gardens. We were told by the registered manager this had a great benefit for not only the people who at lived Colliers Gardens but also the students