

The Council of St Monica Trust

Care and Support Service - Cote Lane

Inspection report

St Monica Court
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an announced inspection of Care and Support Services – Cote Lane on Tuesday 9 June 2015. When the service was last inspected in September 2014 there were no breaches of the legal requirements identified.

Care and Support Service - Cote Lane provides personal care to people living within private accommodation within the provider's Cote Lane retirement community

site. All people who receive personal care from this service live within privately owned or privately rented apartments. All of the people at the service have 24 hour access to staff in the event of an emergency. People who live within the retirement community have access to facilities such as a cinema, a chapel, swimming pool,

Summary of findings

gym, physiotherapy suite, a small shop and hairdressing salon as well as several restaurants and dining areas. At the time of our inspection the service was providing personal care to 43 people.

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

People felt confident that their care needs would be met and gave very positive feedback about the staff that supported them. People told us their care appointments were completed by staff as required. Staff knew how to identify and respond to suspected abuse and the provider had appropriate policies to guide and support staff.

There were sufficient staff on duty to meet the needs of people who required support. There were processes in place to ensure that staff recruitment was safe and completed in accordance with requirements. People received the support they required with their medicines. There were auditing systems to monitor if people's medicines were given to them when they needed them and to ensure medicines records were accurately completed.

People told us they received care and support from well trained and competent staff. Staff received regular training to support the people effectively and the

provider had implemented a system that ensured refresher training was completed. Staff had the opportunity to complete nationally recognised health and social care training and were supported through regular supervision and appraisal.

Staff understood the Mental Capacity Act 2005 and gave examples of how they encouraged and empowered people to make decisions. People were aware they could summon staff support to arrange or accompany them to an appointment with a healthcare professional.

People's care needs were reviewed and we saw evidence the service had been responsive when a change in a person's needs had been identified. People told us they had excellent relationships with the staff and we received very positive comments. People were involved in making decisions about their care and told us that the care they received was in line with their needs and preferences.

People felt the service was responsive and gave examples of when the service had been responsive to their changing care needs through the short term increase in care and support. The compliments log at the service demonstrated a high level of satisfaction from people. There was a complaints procedure and complaints had been responded to in accordance with this procedure.

People understood who the registered manager was and told us they were friendly and approachable. Staff spoke highly of the management and told us there was a good team ethos which reflected positively on care provision. There were systems that monitored the quality of service provided to people and staff views were obtained. The registered manager was well supported by the provider.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People felt safe their care appointments would be completed.

Staff knew how to identify and respond to suspected abuse.

There were sufficient staff on duty and recruitment procedures were safe.

People were supported with their medicines where required.

Good



Is the service effective?

The service was effective. People received care from competent and trained staff.

Staff understood the Mental Capacity Act 2005 and how it was applied to their role.

Staff received regular supervision and appraisal.

People could receive support if required to ensure their healthcare needs were met.

Good



Is the service caring?

The service was caring. People had a good relationship with staff.

People felt respected by the staff at the service.

Staff understood the needs of the people they supported.

People were involved in care planning and received care in line with their needs.

Good



Is the service responsive?

The service was responsive to people's needs. People made choices about the level of support they received.

People were supported to maintain their independence.

The service were responsive to people's current and changing needs.

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

Good



Is the service well-led?

The service was well-led. People understood the management structure of the service.

Staff were supported by the management team and their ideas or suggestions encouraged.

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

The registered manager was supported by the provider.

Good



Care and Support Service - Cote Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 June 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection.

This inspection was carried out by two inspectors and an expert-by-experience who had experience of services for older people. 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 last inspection of this service was in September 2014 and there were no breaches of the legal requirements identified.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR and information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with 15 people who used Care and Support Services – Cote Lane. We also spoke with six staff which included the registered manager and care staff. We looked at five people's care and support records.

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

Is the service safe?

Our findings

People felt safe and had confidence the care they needed would be provided. People lived independently within their own accommodation within one of the provider's retirement community sites. People said their risks had been assessed and they were confident staff would provide urgent assistance to them should they require it. People felt safe with the staff at the service and all commented on their friendly nature.

Individual risk to people had been identified through an assessment and guidance on risk management and reduction was recorded. Care records contained risk assessments for people's living environment in addition to risks identified for the delivery of personal care. The service had completed a risk assessment for people in relation to their mobility and risk of falls. Guidance for identified risks was different within people's records showing the assessment was unique to that person. For example, where people required assistance from staff with bathing, the bathing aids used to assist the person in and out of the bath were recorded. The service had ensured assessments reflected the person's current needs. Where a person had recently been discharged from hospital, their short term reduced mobility was assessed and any additional mobility aids or equipment they now needed was recorded.

The staff ensured that people were involved in decisions about risks they wished to take. For example, people using the service benefited from a swimming pool, Jacuzzi and gym facility. Safety measures in place were that people should only use these facilities whilst supervised by staff. The service had completed risk assessments when people had elected to use these facilities alone outside of supervised hours. They had ensured that identified risks had been explained to the person and the person had signed the risk assessment documentation to confirm they understood the risks. This showed the service supported people's freedom and rights to make informed choices.

There were daily systems to ensure people in the service were safe. Each person had a dedicated "I'm ok" telephone within their private accommodation. People were requested to press a designated button on their telephone that informed staff and management at the service the person was safe and did not require any assistance from staff. There was an alert system within the service that

identified if a person had not pressed their telephone button by a certain time in the morning. This would result in a staff member attending the person's accommodation to ensure they were safe and well.

The provider had appropriate staffing levels to ensure people's needs were met. People told us their scheduled care appointments were completed and there were sufficient staff to meet their needs. Staff also felt there were appropriate staffing levels to meet people's needs. They told us they were able to stay the full length for care appointments and should an emergency situation arise alternative staff could cover future appointments. The registered manager spoke of a highly committed staff team who always ensured work was completed and people's needs were met. The service had a mixture of full and part-time staff, together with a pool of bank staff should the need to use them arise during periods of holiday and sickness. This helped to ensure staff understood the care and support needs of the people they cared for.

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

Reported incidents and accidents were reviewed to establish any patterns or trends. The aim of this process was to reduce people's risks of harm through falls risk management and intervention if required. The service had only experienced a small amount of accidents and incidents during 2015. There were nine incidents recorded from 1 January 2015 that included incidents such as a cut to a person, falling from bed and a fall to the floor after feeling faint. There were no evident patterns or trends that required the registered manager to take action.

The provider had arrangements to respond to suspected abuse. There were specified policies for safeguarding and whistleblowing. This gave staff guidance on how to identify different types of abuse and how they should respond to concerns. Staff told us they had completed safeguarding training and were fully aware of the concept of

Is the service safe?

whistleblowing. Staff felt confident they could report concerns to management at the service. They also gave examples of agencies such as the Commission, the local safeguarding team or the police as agencies they could contact should they wish to report concerns externally.

The service had appropriate systems for the safe management of medicines. People received varying levels of support with their medicines from staff at the service. People did not raise any concerns about the management

of their medicines. The service had a nominated medication champion who ensured that medicines records were completed accurately by staff. Within people's records we saw there was a list of people's current medicines and information on why they took the specified medicine and the possible side effects it may present. It was highlighted to the registered manager that some of these medicine lists had not always been fully completed by staff.

Is the service effective?

Our findings

We received positive feedback from all of the people we spoke with about the standard of care they received. People said they received effective care from well trained and competent staff. One person commented, "The staff are excellent, I get all the care I need." Another person told us, "I have one to one care with [staff member name] who is a lovely person and very experienced. [Staff member name] understands me and I enjoy my time with them."

People generally arranged their own appointments with their GP or other healthcare professional. All of the people we spoke with had their own GP and they told us that they personally telephoned the surgery to book appointments or order repeat prescriptions if required. People felt that they could approach staff for support to do this if required. In the event that people were unwell, they were also aware a member of staff would be able to support them and accompany them to an appointment. People who required support from the district nursing team told us this was arranged directly through their GP.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to give examples of how they applied the MCA to their work. Training was provided for staff in the MCA and staff confirmed they had completed it. During conversations, staff explained how they involved people in decisions about their care and ensured they were empowered to make choices. Staff explained how the people they supported with personal care were always given choices about the level of assistance they wished for from staff and personal matters such as clothing choices.

Most of the people we spoke with prepared their own meals within their private accommodation. At the time of our inspection there were no people at risk of malnutrition and nobody required staff intervention or support during meal times. People benefited from having an onsite restaurant and many we spoke with told us they chose to use this facility during lunch and prepared their own breakfast and evening meal. People commented that if requested, staff would deliver a prepared meal from the restaurant to their accommodation. People had access to the local supermarket independently or through transport provided by the provider.

New staff employed at the service received an induction to ensure they could provide effective care. Staff completed a

three day induction period. This was followed by a period of shadowing senior staff and then being monitored by senior staff to ensure they were competent at their role. The induction included training in subjects such as moving and handling, safeguarding, equality and diversity and infection control. Staff received information about the provider's mission and values they were expected to work in line with. One member of staff we spoke with told the induction was thorough and helpful.

The provider had recently implemented the new Care Certificate as their induction process. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. The service had not employed any new staff since the introduction of the care certificate.

Staff told us they felt they received sufficient training from the provider to support them in delivering effective care. The training records showed that essential training was completed in subjects such as emergency first aid, medicines, infection prevention, food safety, safeguarding and fire safety. Additional training to meet the needs of people who received care such as dignity and respect, person centred care and communication was completed. Staff told us they were also encouraged to complete national training such as a National Vocational Qualification (NVQ) or diploma in health and social care.

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

Staff received regular performance supervision and appraisal. Staff felt supported through this process and told us it gave them the opportunity to discuss their performance with the registered manager or senior staff.

Is the service effective?

Staff received supervision every three months and annually completed an end of year review document that incorporated a personal training and development plan for the following year.

Is the service caring?

Our findings

People spoke in an extremely positive manner about the caring nature and attitude of the staff that provided their care. The responses we received from people were unanimous and all told us the staff encouraged them to maintain their independence whilst being offered support when they needed it. One person commented, "This is an incredible place, I am happy with the care and attention. Staff are kind and caring." Another said, "The care here is excellent, staff understand your needs and care is given accordingly with good humour and friendly banter."

We reviewed the compliments log at the service which reflected the comments received from people during the inspection day. A sample of the compliments we reviewed showed that one described the service as giving "Superb and comprehensive care." Another person wrote, "It is a compliment to you that Saint Monica Trust employs such excellent, dedicated and thoroughly professional staff." A further comment read, "Many thanks for the professional care, help and understanding."

People's privacy and dignity was respected. People commented on how staff spoke with them in a polite, friendly and courteous manner. One person commented, "Staff are very kind, approachable and pleasant." Another commented to us, "All the carers are very good, they are extremely gentle, I do not have to worry about a thing, I do very well here and feel safe and secure." During the

inspection we observed positive and friendly communication with people who were at ease and relaxed communicating with staff. We observed that staff knocked on people's doors and waited to be invited in to ensure people had their privacy respected. Staff always entered and addressed people as they preferred, for example by their first name or more formally if that was the person's preference.

Staff understood the needs of the people they supported and were able to describe the level of care and support different people needed. Staff understood the concept of personalised care and were knowledgeable about people's needs. They gave examples of how different people preferred to be cared for and clearly demonstrated they understood the people they cared for. People told us they received the same regular care staff in line with their preferences and staff confirmed this. They said assisted them in understanding people and building a relationship.

People felt involved in decisions about their care and records showed this. People said they had been involved in deciding their care packages and where they requested, a family member had also been present during discussions. People were pleased with the care they received and the communication they had with the service about their care. People told us that they discussed their care needs with a senior person of the service and a care plan was then produced for them to sign if they were in agreement with the content.

Is the service responsive?

Our findings

People's care needs were met. People said the service delivered the care they needed when they needed it. All of the people we spoke with said they were able to determine the level of support they required and the service were accepting of this. People gave example of how the service had been responsive to a change in their needs, for example when they had become unwell and required a short term increase in the level of support they received.

People had signed their care records to indicate their involvement in its production. These records contained information for staff that showed each person's individual needs and how they liked to be supported. The information about people's preferences was detailed, giving information for staff about how care should be delivered. For example, one person had specified exactly how they liked their breakfast served for them, and another person's had stated how they liked to be bathed. Other examples of personalised matters covered in the records were meal preferences, mobility within the accommodation and around the retirement village and routines at bed-time which were also different for every person. This meant that people were able to choose to receive care in a way that was individual to them.

Care records showed additional information about people to aid staff in supporting and communicating with people. People's care and support records had a 'This is Me' record. The document showed information such as the person's life history, their current level of support needed, their social circumstances and religious interests. Information about people's interests which linked to the activities which were provided within the retirement village were also recorded. Staff told us that this was completed personally with each individual so that they could tell their story in their own words.

The service had been responsive to people's needs. For example, there were arranged non-chargeable classes for people who had limited mobility and a sensory support class was also available for people who suffered with a visual impairment. The service had a pool of volunteers from the local community who helped support people with numerous tasks. For example, a volunteer who visited the retirement village assisted a person who was visually impaired by sitting with them and reading the newspapers or newsletters produced by the service.

The registered manager told us that people's care needs were reviewed. We saw letters sent to people and their relatives when they were involved. Records of completed reviews were evident within people's care records. We saw examples of the service being responsive to people's changing needs during reviews. For example, one person had requested an additional evening visit to assist with preparation when going to bed and another person had requested a tea time visit to assist with preparing and serving supper. Both of the changes had been implemented. Reviews were seen to have been undertaken with in the last six months, alongside updates undertaken on a monthly basis. These updates were undertaken by a senior member of staff to ensure that changes highlighted at a review had been implemented and to highlight if any minor amendments were required.

The provider had a complaints procedure that outlined how complaints would be addressed. People told us they knew how to complain and felt confident in raising issues within the service. People felt that if they raised a complaint or concern, the matter would be handled efficiently. We reviewed the complaints log at the service that showed a total of three complaints had been received since January 2014. These complaints had been addressed in accordance with the provider's procedure.

Is the service well-led?

Our findings

People understood the different staff members within the service and told us they were aware of who to communicate with should they require management support. People told us they knew the registered manager well and commented that they were very approachable. People gave us personal examples of when they had approached the registered manager and matters had been addressed immediately.

Staff felt supported by the registered manager and senior management team. All of the staff we spoke with told us they felt the service was well led by the registered manager. All spoke of a high level of satisfaction with their employment, telling us they felt valued in their roles. They felt they made a positive difference to the people they supported as a result of this. One member of staff told us the registered manager was, "Great to work for, easy to talk to and supportive."

All staff spoke of a positive team ethos within the service which had resulted from the leadership of the registered manager. Very positive comments were received from staff. For example, one staff member said, "The team here is great." Another said, "I feel very well supported by my colleagues." Staff felt their opinions were listened to by the registered manager, with examples being given by staff such as adaptations to medicines records and additional staffing numbers being introduced to the service following input and consultations with staff.

A staff survey was distributed to staff to allow them to express their views and opinions on their employment. Staff we spoke with told us that shortly before our inspection they had received a staff survey to complete. The survey focussed on areas such as employment satisfaction, training and the level of support staff received. At the time of our inspection the provider had not yet completed the full analysis of the results. The registered manager told us that should any areas of concern be identified following a review these would be addressed through action points.

The registered manager ensured they communicated key issues within the service to staff. Staff meetings were held

approximately every two months. We saw from the notes available from previous meetings that matters such as the provider's policies, record keeping, care provision, uniforms and training were discussed.

There were systems to monitor the quality of care delivery by staff. The registered manager or senior staff members completed formal observations of care delivery to ensure people's needs were being met and care provision was to the standard expected by the provider. These observations included assessing the staff member's competency in moving and handling, medicines and communication. This observation could then form part of the staff member's supervision if areas for improvement were identified.

The provider had requested people within the service gave their views on their well-being and the standard of care they received from staff. These feedback systems ensured people had the opportunity to raise concerns within the service. The well-being survey sought people's views on matters within the retirement village and the local community as a whole and feedback review focussed on the support people received from staff. No concerns had been raised by people in relation to the personal care they received from staff.

The registered manager held open 'surgeries' for people to approach them directly with any questions, advice suggestions or complaints. The events were designed for people to discuss any matters concerning them. These events were held three times a year in different locations within the retirement community. We saw from the supporting minutes of previous events held that no issues were raised in relation to the provision of personal care or the support people received from staff.

There was a system to audit areas of the service that may have an impact on the safety of people who received personal care. There were audits that monitored the environment and associated health and safety risks. In addition to this, the registered manager had systems to audit people's care records to ensure they were current, accurate and reflected people's needs. This audit had identified when some records required signatures and this had been completed. A medicines audit was completed monthly which had identified minor recording errors such as the wrong coloured ink being used by staff.

The registered manager felt well supported by the provider. They regularly discussed their personal performance and

Is the service well-led?

held business meetings with their line manager. The registered manager told us they also had additional peer support from other manager's within the trust. They told us that regular meetings were held that discussed changing legislation, regulatory inspection requirements and safeguarding matters. The registered manager

demonstrated they understood their legal obligations in relation to submitting notifications to the Commission. The Provider Information Return (PIR) had been completed by the registered manager and returned within the specified time frame.