

The Council of St Monica Trust

Care and Support Service - Westbury Fields

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:

Westbury Fields is a domiciliary care agency. This service provides care and support to people living in their own homes within Westbury Fields. Their accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements.

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 they were providing personal care to 50 people in their own homes.

People's experience of using this service:

People told us they felt safe and that staff were kind, supported them in a dignified and respectful manner and maintained their privacy and independence. People received support from staff who they knew well.

People were supported by staff who promoted their independence. People received support from a consistent team of staff who were skilled and competent in providing care and support. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

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 however some care plans contained basic information relating to people's individual support and care needs. This meant staff did not have sufficient guidance on how to support people with specific health needs such as using their oxygen.

Communication with health and social care professionals was effective in ensuring people received joined up care. The provider had aims and standards for the service and told people what they should expect from staff and the service in respect of the quality of care they received.

The provider worked in partnership with other agencies this supported people in ensuring any changes were raised with professionals and those funding the persons care needs.

Rating at last inspection:

The service was rated good at our last inspection (published 8 June 2017). No changes have been made to the rating of Good at this inspection.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Care and Support Service - Westbury Fields

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 consisted of two inspectors on the 18th of December 2019 and one inspector on the 19th of December 2019. An Expert by Experience was also part of the team on both days of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. People using the service are older people, some with dementia, or mental health support needs. 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

We gave the service 48 hours' notice of the inspection visit because it is a specialist 'extra care' housing service staff members are often out of the office providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service.

Inspection activity started on 18 December 2019 and ended on 15 January 2020. We visited the office location on 8, 9 and 17 January 2020.

What we did

We reviewed the records held on the service. This included the Provider Information Return (PIR). Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections. We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We visited the service on 18 and 19 December 2019. We spoke to the registered manager, Deputy manager, senior carer, five care staff and six people receiving support from the service. An Expert by Experience made telephone calls to six people receiving support from the service and three relatives. We looked at six people's care records to see how their care was planned and delivered. Other records we looked at included five staff recruitment files, supervision files, training records, accidents and incidents, records relating to health and safety, safeguarding, complaints, medicine records, staff scheduling and the provider's audits and checks on the service.

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

- People felt safe using the service and their relatives agreed with this. One person told us "Yes, we both feel safe. Most of the staff are very good." A relative confirmed this they said, "Yes she is in a secure place." During the inspection we witnessed an incident where a person fell. We observed immediate staff response to secure the person. They made them comfortable and immediately involved paramedics who were on site
- The provider had policies and procedures in place for safeguarding adults. Staff told us and records confirmed that staff had received training in safeguarding adults. Staff said they would raise any concerns they had. One staff member said, "I will report to my manager if there was a safeguarding issue."
- Staff had received training in safeguarding and had a good knowledge about the subject. Any concerns had been reported and investigated appropriately.
- The provider held regular meetings with people and their relatives and shared information to help keep people safe. This included advice about criminal activity and telephone scams. This helped to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and managed well. Care plans contained risk assessments for areas such as falls, mobility, skin integrity and malnutrition. When risks were identified, care plans provided guidance for staff on how to reduce the risks. For example, by ensuring a person's call bell was accessible.
- Staff were knowledgeable about risk management and demonstrated they supported people's safety. For example, one staff member told us how they were working with a person to help them put on weight to improve their health.
- People's care records demonstrated risks to their safety had been discussed with them and/or a relative. People's wishes regarding how they wished to manage risks were respected. For example, some people ate a diet of their choice even if this was against medical advice. This demonstrated a person-centred approach to risk management.

Staffing and recruitment

- We observed during the inspection that there were enough staff to meet people's needs. People said they had not experienced any missed support and people said staff were usually punctual. People told us they had some occasions when staff had been later than the scheduled time, but they would be contacted by the office to explain why this was. One person said, "They are rarely late unless they have had to attend to an emergency then they may run over."
- People and relatives were satisfied staff were available to assist them when they required this. One person

told us, "You only have to press the call-bell or call the office, they will be here in a flash."

- The staff said they were able to provide care to people when they needed it.
- The provider had safe recruitment processes in place. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people. A checklist was in place to ensure that all steps of the recruitment were fully completed, this was dated when actions had been completed.

Using medicines safely

- People told us they received their medicines on time and that staff told them what medicines they were being given.
- Medicines were managed safely, medicines were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed.
- Staff responsible for administering people's medicines told us they received training, which was updated when required and knew what action to take if they made an error.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection and people told us that staff always used PPE appropriately.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available from the office.
- The service looked clean and tidy throughout. Domestic staff completed cleaning schedules to ensure the communal areas in the property were kept clean

Learning lessons when things go wrong

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's, relatives and staff incidents and accidents.
- Accidents and incidents were regularly audited to check for trends or patterns and identify learning. These were shared with the staff team.

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

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

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 had been assessed. These included their physical, mental health and social needs. People's diverse and cultural needs had also been considered.
- The registered manager demonstrated a good understanding of best practice guidance. For example, they had implemented changes to enhance the environment for people living with dementia.

Staff support: induction, training, skills and experience

- Staff were positive about the training they received. New staff joining the service, who had no prior care experience completed the Care Certificate. This is a programme that staff follow to ensure they have at least the basic skills and knowledge required to work in the care sector.
- Training that was considered mandatory by the provider, included safeguarding, medicines, food hygiene, fire safety and equality. Other topics were covered in addition to this, such as dementia and managing behaviours associated with dementia.
- Staff received regular supervision. This could be in the form of staff meetings, one to one meetings or spot checks whilst delivering care. We saw records of these supervision sessions in staff files. We were told checks of staff performance could be increased if there were any concerns about them.

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

- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks.
- People gave their opinions of meals that were provided at the service. One person told us "They check with us what's for lunch on the menu, and there's always three options, which is pretty good. When they deliver our lunch, they make sandwiches of our choice, which they put in the fridge for our tea."
- People's food and drink, likes and dislikes were recorded in their care plans.
- People told us they could eat whatever they liked and were supported to make positive food choices. There was a restaurant on site and people had a say on what goes on the menu. Staff were able to take meals to people's rooms from the restaurant if requested.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences such as vegetarian and any support people needed.
- When required, people were weighed regularly to ensure they remained healthy.

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

- People were able to decorate and furnish their homes according to their needs and wishes.
- People could access a hair salon and an exercise space on site. This meant people who could not travel away from their homes could still have their grooming needs met.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's needs were being met. For one person, staff were working with the occupational therapist to ensure their moving and handling needs were being met. We saw that a review of the person's care had taken place to discuss the issues.
- People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge or directly with relevant health or social care professionals. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed, and intervention was required.
- People could access gentle exercise classes on site. The registered manager told us this helped to improve dexterity and improved mobility to reduce falls.
- Staff accompanied people to appointments and gave support if needed to arrange transport.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff received training in the MCA and understood the principles of the legislation. They understood the need to gain consent before carrying out any aspect of care.
- Information about people's capacity to make decisions was included in their care documentation. If people had a Power of Attorney appointed (PoA), details of this were recorded in their notes.

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 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

- We saw evidence of positive relationships between staff and the people they supported. Feedback from people receiving care was in the main very positive with comments such as "Yes they are very nice", "Very respectful and kind" and "I couldn't do without them".
- There was nobody at the time of our inspection who used a first language other than English. However, the manager told us that paperwork in other languages and formats could be provided if necessary in line with the Accessible Information Standard.

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

- People and their relatives were involved in decisions about their care. Reviews of care packages took place so that people could voice their opinions and request any changes they wanted.
- Service user meetings took place where people were kept up to date with any important developments in the service. People were able to give their views and opinions on the service provided.

Respecting and promoting people's privacy, dignity and independence

- Although feedback about staff was predominantly very positive, one person fed back that they felt staff weren't always 'respectful', they didn't give us any further detail about this however we fed it back to the manager.
- We saw that staff were helpful and spoke to people in a kind manner..
- It was clear in people's care plans what they were able to do for themselves and the areas of personal care they required support with. The service was aimed at supporting people to remain as independent as possible in their own home.

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 remained the same.

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

Planning personalised care to meet people's needs

- People had care plans in place. Some care plans were detailed, person centred and demonstrated that the person and/if required their family had been involved in how they wanted their care needs met. However, care plans did not always contain enough information for staff to know about people's background, interests and preferences, and how they wanted their care. For example, their routines during personal care.
- Care plans gave basic information about the person's daily routines and what care and support they needed. For example, there was no information on how staff should support a person when they were depressed and lacked motivation to engage with staff..
- However, staff knew people very well and we saw them demonstrate this on home visits, during the inspection. The registered manager told us staff were allocated to people regularly and this had enabled them to recognise individual capabilities and worked on strengthening these.

Preferences, interests and give them choice and control

- The manager told us that care could be flexible and support increased if needed, for example if a person had experienced an illness or hospital stay.
- As part of their care package people were given support hours which they could use as they wished. Most people chose to use this for support with cleaning their flat.
- Activities at the service were organised and financed by the provider. Local trips were organised according to people's wishes. For example, there were arranged shopping trips to supermarket. There were also events such as hymn singing and classical music and cinema evenings taking place regularly. These were open to all living at the scheme.
- If people had any religious or cultural needs, these were recorded in their care documentation. The service had employed a service Chaplin to support people with their spiritual needs. However, people were free and were supported to access religious services of their own choice in the community.

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.

- Each person had a communication profile in their care plan describing how they liked to communicate. This guided staff in how to best communicate with people and how best to respond to people in different moods or if they were displaying behaviour that challenged.

- We saw staff communicate with people in line with their needs. People were seen to appreciate the staff's effort to communicate with them effectively.

Improving care quality in response to complaints or concerns

- People had information about how to make a complaint. This set out the steps they could take if they were unhappy about the service.
- People and relatives felt comfortable to raise any concerns. One person told us, "We have never had to raise a concern, but I would talk to the manager if I had to." A relative said, "Yes, if I've got any problems, I go to the care manager and usually we can sort it out there and then ."
- Records showed how the service had responded to any complaints along with a full report of the outcome and any action taken in response. This included an apology if people had experienced care below expected standards. The provider monitored complaint information to see whether improvements could be made to their services.
- The service had a council made up of people who lived at Westbury Fields. the function being to gather feedback and opinion from people to inform the management team .

End of life care and support

- The manager told us they would support people at the end of their lives if it was their wish to stay in their own home. There were links with a local hospice and John Wills House who could provide advice and support at such time it was needed.
- There was documentation in people's files in relation to advanced planning of their end of life wishes. This hadn't been completed for everyone as the manager recognised the sensitivity of these discussions and felt that it wasn't the right time for them .
- Staff told us there were good communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included verbal handovers, daily records, phone calls and text messages

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; fully considering their equality characteristics

- People and staff said the service was managed well. One person said, "Yes, I think that it's managed very well. We have been here a year and feel very comfortable here". Staff said the registered manager was "Very approachable", Really listens to me" and is "Very Supportive we had a pamper station and a carers day. I felt very appreciated".
- People were asked for their feedback about the service including the care and support they received. One person said, "Yes I have filled a questionnaire." And a relative confirmed that "They have asked for feedback on a questionnaire but never got around to completing it." People said they were comfortable living in the service and could be as independent as they wanted to.

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

- The provider organised social events for people and families to get together. In the summer there was a fete, people could go out and watch cricket. There were photos showing how people had celebrated birthdays and other events with their relatives.
- Staff and people attended regular meetings about the service. Minutes of these meetings were recorded so staff and people were able to update themselves in discussions about the developments within the service.
- Staff were valued and recognised for their significant contributions to improvements and motivated to want to continually strive to provide excellent care. For example, a Carer of the Month award. During the inspection we witnessed an award ceremony honouring staff and volunteers.

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 understood their responsibilities regarding the duty of candour. They understood incidents must be shared and reported as required.
- The registered manager sent notifications to the Care Quality Commission (CQC). This provided CQC with details of concerns, so action could be taken promptly as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager used the systems in place to review and monitor the service. This helped to establish whether the service was of good quality. The Trustee Assurance managers completed internal audits and an action plan was developed with details of any recommendations to improve the service.
- Daily handover meetings facilitated the sharing of information, were focused on the people living at the home and their needs. Staff were updated on new issues, and staff were encouraged to discuss any areas of concern. This helped to ensure staff had accurate and up to date information about people's needs.
- The registered manager had an oversight of the service. All care, maintenance and management records were kept up to date. These were reviewed to ensure any outstanding actions had been managed appropriately.
- Any areas of concerns found were shared with staff. Records showed that the registered manager had reviewed their medicine management process and as a result staff changed the way that medicines administration was recorded which was more effective for the service.

Working in partnership with others

- Staff and health and social care professionals worked together to meet people's individual needs so people received effective care.
- During the inspection we observed staff worked with visiting health care professionals, including paramedic and a district nurse. A health care professional told us that staff understood people's needs and implemented professional advice and guidance to ensure people received safe and appropriate care