

Midland Heart Limited

St Crispin Village

Inspection report

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28 February 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

St Crispin Village is a complex of 270 apartments and bungalows. People who live at the St Crispin Village have the option of receiving personal care in addition to support with housekeeping and social activities. There were 21 people receiving personal care at the time of our inspection.

People's experience of using this service:

- St Crispin Village have had a number of changes in the management team which has led to inconsistencies in leadership. However, we found the existing management team were passionate about improving the quality of care people received and had implemented many positive changes. We received positive feedback about the management team from people, relatives and caregivers.
- People, relatives and caregivers told us they had not been consulted about changes in rota's and a reduction in agency staff over the festive period, this impacted on morale in St Crispin Village. However, people, relatives and caregivers told us there had subsequently been improvements in the consistency of care and communication.
- People felt safe living at St Crispin Village, they were supported by caregivers that had been safely recruited and received training relevant to their roles. Medicines were administered on time and as prescribed by competent caregivers.
- People's likes, dislikes and preferences were taken into consideration and support was individualised. People were supported by caregivers that understood the principles of the Mental Capacity Act (2005) and respected people's choices.
- People were supported by caregivers they knew. Caregivers had developed positive relationships with people and were kind and caring. People's privacy and dignity was respected.
- People had access to a wide range of activities at St Crispin Village. People were involved in planning their care and encouraged to be as independent as possible. People knew how to complain and felt confident complaints would be responded to.
- A registered manager was in post that understood the regulatory requirements.

Rating at last inspection:

This is the first comprehensive inspection under this registration. The service was registered on 22 June 2018.

Why we inspected:

This was a planned comprehensive inspection, we brought this forward due to information of risk relating to staffing levels, late and missed calls

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated requires good.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

St Crispin Village

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by concerns regarding staffing levels, late and missed calls.

Inspection team:

The inspection team consisted of one inspector and an 'expert by experience'. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance their area of expertise was in people living with dementia, older people and long-term health conditions.

Service and service type:

St Crispin Village 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 provided under a shared ownership leasehold or 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 service.

St Crispin Village is a large community of 270 apartments and bungalows in one location in the village of Duston.

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 short notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 27 February and ended on 28 February 2019. We visited the office location on 27 February to see the manager, office and care staff; and to review care records, policies and procedures. We visited people in their homes on the 27 February and made calls to people's relatives and staff on the 28 February 2019.

What we did:

Due to technical problems in requesting a Provider Information Return, the provider was not able to complete this. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We used this information to plan our inspection.

During this inspection we spoke with three people who received personal care, and the relatives of three people. We spoke with 10 members of staff including the scheme manager, the registered manager, the village manager, a team leader, the activity co-ordinator, the wellbeing co-ordinator and four caregivers.

We reviewed three people's care records to ensure they were reflective of their care needs and other documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

Following the location visit we requested copies of documentation from the registered manager that was not available during our inspection visit. For example, medicines audits, care forum minutes, survey outcomes and four staff recruitment files. Staff recruitment files had been sent to the human resources team for review prior to the inspection. Documentation was received following the inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- There were enough suitably trained caregivers available to meet people's needs.
- Records showed calls were delayed no longer than half an hour in line with the commissioned expectations. However, some people became anxious within this time. The provider told us, they were introducing calls to people if caregivers were late by 15 minutes to provide reassurance that a caregiver would be visiting.
- Caregivers told us, a two-minute walk time had been introduced between calls and had assisted with timekeeping.
- Comprehensive recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable caregivers. This included seeking an enhanced disclosure and barring service (DBS) check and references.
- All caregivers had accessed training the provider deemed as mandatory.
- Agency caregivers had undertaken an induction programme with the provider to ensure safe care was being provided. There was a core team of agency caregivers that knew people well.
- People could call for support in an emergency. One person told us, "Last week I fell ... I pressed my emergency button round my neck. Two [caregivers] came quickly."

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe living at St Crispin Village. One person told us, "I feel very safe. It's the people here and the environment".
- Safeguarding systems and processes were in place and embedded in practice.
- Caregivers knew how to recognise abuse and protect people from the risk of abuse. One caregiver told us, "I know how to report a safeguarding concern and feel able to do so."
- There was a whistleblowing policy for reporting concerns. Caregivers knew how to raise concerns.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- The provider had appropriately reported and investigated safeguarding concerns to ensure people received safe care.

Assessing risk, safety monitoring and management:

- Risk assessments were updated as and when people's needs changed. One relative told us, "About [approximate month] we discussed [names] needs. We agreed [name] needed a full hoist."
- Risk assessments regarding people's specific health needs, required more information for caregivers to identify a deterioration in their health condition. This information was added to people's risk assessments during the inspection.
- People were supported to remain safe in their homes. Emergency evacuation plans were in place to ensure

people and caregivers knew how to safely leave people's homes in the event of a fire.

- People were encouraged to wear personal alarm pendants so they could alert caregivers in the case of an emergency.

Using medicines safely:

- A new medicines system ensured the provider followed safe protocols for the receipt, storage, administration and disposal of medicines and reduced the risk of medicines errors occurring.
- Protocols were in place for the administration of as required medicines.
- Medicines systems were organised and people received their medicines when they should and as prescribed.
- Caregivers received two days of medicines training and did not give people medicines until they had been assessed as competent to do so.

Preventing and controlling infection:

- Caregivers had a good knowledge of infection control requirements.
- Caregivers had access to personal protective equipment and we observed this being used. One person told us, "They [caregivers] all wear gloves and aprons and they do wash their hands."

Learning lessons when things go wrong:

- Incidents and accidents were regularly audited to check for trends or patterns and identify learning. For example, one person was falling as they did not wear footwear. Care plan was reviewed to ensure caregivers prompt to wear slippers when mobilising.

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

Good: 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 comprehensively assessed before receiving care from St Crispin Village.
- Care and support was regularly reviewed with people and their relatives.
- People's needs were detailed in their care plans. This included support required in relation to their background, history, experiences, likes, dislikes and preferences.
- Caregivers applied learning effectively in line with best practice guidance relevant to the needs of people receiving support.

Staff support: induction, training, skills and experience:

- Caregivers received suitable training to ensure they had the skills to do their job, including training specific to the needs of people they were supporting. One caregiver told us, "One of the best things about [provider] is the training, it is more than enough."
- A training schedule was in place to ensure caregivers refreshed their training as needed.
- An induction programme was in place for new caregivers. This included undertaking training the provider deemed as mandatory and shadowing more experienced caregivers until confirmed as competent.
- Caregivers told us they felt supported by the management team and could approach them at any time should they need support. One caregiver told us, "[Name of manager] has been a great support, [name] has built a really good relationship with [caregivers] and [people]. Their door is always open."
- Caregivers received supervisions. Annual appraisals to consider their development needs had been scheduled.

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

- Caregivers heated people's meals for them or prepared simple snacks and drinks to ensure people ate and drank enough. One caregiver told us, "We have a few people that we will microwave a meal for or make a sandwich. This is in the care plan."
- Some people chose to eat their meals at the restaurant on site.

Staff working with other agencies to provide consistent, effective, timely care:

- People received individualised support as detailed in their care plan.
- Caregivers communicated well with other each other and worked well as a team.
- Regular reviews were undertaken with commissioning authorities to ensure social care solutions continued, some people's care and support had reduced following reviews.

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

- People had a shared ownership leasehold or rented their homes. Caregivers supported people to

personalise their homes to their choosing.

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

- Caregivers recognised when people needed healthcare support and co-ordinated appointments with professionals such as the General Practitioner (GP), opticians and occupational therapists. One person told us, "The [caregivers] arrange my doctors' appointments. The chiropodist is regular here, the optician comes here and I go to the dentist in the village." A relative told us, "If [name] starts to get an infection. They [caregivers] will respond and tell me they've called the GP."
- Daily drop ins were available with a wellbeing co-ordinator during the week for people to discuss any health concerns. People could also request an appointment in their home.
- Health promotion sessions were available with a focus on keeping people fit and healthy and out of hospital.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found people were supported to have maximum choice and control of their lives and caregivers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's choices were respected. One person said, "If I want to stay in bed, I tell them and I do". We observed a caregiver ask one person if they wished to take their medicine.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were not consulted about changes to staffing and rota's over the festive period, this caused people distress and anxiety. One caregiver told us, "People did not feel cared for or valued." However, people, relatives and caregivers we spoke with told us staffing consistency and morale had improved. One caregiver told us, "Now it's always pretty much always the same [caregivers]."
- People told us, caregivers did not always call when they were running late. One relative told us, "Sometimes they let me know, other times they don't." The provider told us they called if caregivers were going to be 30 minutes late, and had planned to reduce this timeframe to 15 minutes.
- Set call schedules ensured people were supported by caregivers they knew.
- Caregivers were kind and caring. One relative told us, "They [caregivers] are definitely caring. [Name] has been here a long time... so they build up a rapport with [caregivers]. They treat [name] nicely and have a laugh and joke. A caregiver told us, "I treat people as I would my relative."
- Caregivers had developed positive relationships with people and enjoyed spending time with the people they were supporting. One caregiver told us, "I love the contact with people, I don't go home any day without thinking 'you have made a difference' It might be trivial to you and me, but to that person it has really made their day."
- New caregivers were introduced to people before they provided care.
- Caregivers completed training in equality and diversity and were committed to ensuring people's equality and diversity needs were met. One caregiver told us, "I respect people and their history... everyone is different. In the village meetings we always discuss equality and diversity, how you speak to people and the impact on people. We discuss racism and political views."
- The provider had a lesbian, gay, bisexual and transgender (LGBT) community.
- Religious services were co-ordinated to take place at St Crispin village with faith practitioners to meet people's differing religious beliefs.

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

- People had access to an advocate if they needed to have someone to help them speak up about their care. Information was provided on a notice board in a communal area.
- People did not require advocacy support at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected always. One person's care plan stated, "I want staff to knock loudly and enter my flat with a key." We observed caregivers to knock on people's doors and await permission to enter their homes.

- A caregiver told us, "I always make sure doors are shut and people are covered up." A relative told us, "During personal care, they [caregivers] will draw the curtains and close the bedroom door."
- People's independence was promoted. The provider had referred one person for a review with a healthcare professional. Following the review, the person's support was reduced to one caregiver instead of two. This impacted positively on the person's self-esteem and promoted independence.
- Caregivers recognised the importance of confidentiality and people's care records were stored securely.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans reflected their individual needs. They detailed people's preferences, routines, communication needs and how caregivers could best support them. One person's care plan stated, "I am hard of hearing so you need to speak loud enough for me to hear."
- People's care plans detailed whether they preferred to receive care from a male or female caregiver. One person told us, "I stipulated no men to shower me."
- Care plans had been recently reviewed, updated and transferred to a new template. Caregivers told us, these were easier to read and follow.
- People and their relatives were fully engaged with care plan reviews as and when people's needs changed. A relative told us, "[Names] care plan is being reviewed at the moment."
- Caregivers told us the care plans contained enough information about people's needs.
- The service identified people's information and communication needs by assessing them. caregivers understood the Accessible Information Standard. The provider had a central team that could adapt information to meet people's individual needs on request. For example, producing a document in braille.
- There were many activities available at St Crispin Village for people to access. For example, ceramics, painting, cross stitch, curling, skittles and arm chair yoga. Some of the groups were run by people living at St Crispin Village.
- St Crispin Village made best use of volunteers to facilitate activities such as Information technology tutoring. This enabled people to learn how to set up email addresses and make video calls to their loved ones.
- The activities co-ordinator had planned to introduce 'meet your neighbour' sessions to provide opportunities for people to socialise to reduce loneliness.

Improving care quality in response to complaints or concerns:

- The provider had a clear procedure and policy in place to manage complaints and feedback.
- There had been no complaints regarding care. Complaints regarding the environment had been appropriately investigated and responded to.
- Easy read complaints information was available, and was displayed in a communal area.
- People knew how to make a complaint or raise a concern. One person told us, "I complained to a team leader about a carers attitude. They sorted it. It hasn't happened since". A relative told us, "I would go to the manager about any complaints. There is also a complaints box."

End of life care and support:

- People's end of life preferences had been considered and documented.
- At the time of the inspection there was no one receiving end of life care.
- Should people come to the end of their lives, the provider told us, they would liaise with health

professionals to ensure people were able to remain cared for in their own homes if this was their wish.

- The management team had recorded on caregiver's job cards whether a do not attempt cardio pulmonary resuscitation (DNACPR) order was in place for the people they were supporting. Caregivers told us they found this helpful, as they could determine this at a glance in emergencies.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a registered manager in post.
- Over the festive period there was a reduction in agency staffing and a change in rota's. Caregivers told us, this was implemented without consultation with caregivers or people living at St Crispin Village.
- One caregiver told us, "I was dreading work, morale was poor, people were crying, there was lots of [holiday] and no management on site. We felt unsupported."
- The registered manager told us they could not be assured agency caregivers had the appropriate training to provide safe care. Rota's were therefore rescheduled to ensure people were supported by caregivers with the appropriate skills.
- Use of agency caregivers has reduced. Agency caregivers have undertaken a training programme with the provider. This has improved the quality and consistency of care in recent months.
- There had been several management changes which had resulted in inconsistencies with service management and leadership. One caregiver told us, "We were a while without a manager, there have been a few changes. [Village Manager] always has an answer and so far, good response."
- Caregivers, people and relatives were complementary of the existing management team and told us there had had been significant improvements. One person told us, "I know the manager, [name] introduced themselves to me." One caregiver told us, "[Village manager] is the life and soul of the place. When they came morale started to lift. Morale is up now, definitely, people feel more valued, than they did."
- Comprehensive quality assurance systems were in place including internal and external audits. These enabled the provider to monitor performance and identify areas requiring improvements. Records evidenced continuous improvements.
- Whilst significant improvements had been made under the current management team, we could not be assured these were embedded in practice.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People's care was delivered as they chose and was person-centred taking into consideration their individual and diverse needs.
- People and relatives told us they were pleased with the care and would recommend the service.
- Caregivers were proud to work for St Crispin Village and enjoyed their jobs.
- The provider ensured they met the regulatory requirement to be open and transparent with people using the service when things went wrong.

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

- People and their families were asked for feedback during reviews and via surveys. This was used to drive improvements. Following feedback regarding visibility of the management team. 'Meet the manager' had been introduced to take place on alternate days. One caregiver told us, "[Village manager] goes around a table and has five minutes with each person, the bell then rings to move on. We make it a comedy, people enjoy it."
- A relative told us, "They [provider] need to improve communication, it produces insecurity otherwise". The provider told us they have a communication strategy and are working to improve communication with people. A communication board had been introduced.
- 10 at 10 meetings took place every day with all members of staff. One staff member told us, "This is on every day for 10 minutes at 10am, we get an update...communication is great as everyone knows what's happening... concerns about people are discussed, who is visiting, and we get asked questions to test our knowledge on different subjects like the fire policy."
- Village meetings took place monthly and the provider had set up a care forum for people receiving personal care.
- The provider has launched a disability inclusion network.

Continuous learning and improving care:

- The registered manager reviewed the improvement plan for the service daily. Records showed 144 of the 158 actions to drive improvements had been achieved.
- The provider had submitted legally required notifications and had evidenced lessons learned when things went wrong. For example, a new process had been implemented to reduce medicines errors.
- Care plans had been recently transferred to a new format. caregivers told us information was more concise, easy to locate and read. One caregiver told us, "Care plans have moved forwards leaps and bounds, they [management team] are taking on board everything fed back and trying to put it right. Care plans are so much better and medicines are a lot better."

Working in partnership with others:

- St Crispin Village worked closely with people, their relatives, social workers, commissioning authorities and sought support from other health professionals as needed.
- A wellbeing co-ordinator was employed by the provider to promote healthy lifestyles.