

Redditch Borough Council

St David's House

Inspection report

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Tel: 01527584769

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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

This inspection took place on 16 December 2015 and was announced. Staff at St David's House provide supported housing for people living in their own homes. There were 25 people receiving services for which CQC registration was required at the time we inspected.

A registered manager was in post at the time of our 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 and associated Regulations about how the service is run.

People were protected from the risk of potential abuse and told us they felt safe because of the way staff cared for them and made sure they had the right equipment to stay safe. Plans to manage people's individual risks were in place, and staff knew what to do if they had any concerns about people's safety. Staff took action to care for people in a way which promoted their safety. There were enough staff employed to care for people and chat to them so they did not become isolated. Some people liked the independence looking after their own medicines gave them. Other people valued the support staff gave them by administering their medicines.

Staff received regular training based on the needs of people using the service. Staff had the skills and knowledge to care for people effectively.

People and their relatives were involved in making decision about how care was delivered on a daily basis. People and their relatives also told us they felt listened to when they regularly reviewed their care plans with staff. Staff knew the histories and preferences of the people they were supporting and provided care in a way which meet individual people's needs. People were encouraged to make choices about the food they ate and where they wanted to eat. Staff knew if people had any dietary requirements, and what support they required to eat so they remained well. People were supported by staff to maintain their health.

People's consent was appropriately obtained by staff when caring for them. If people's ability to make specific decisions changed, senior staff involved people's relatives and other professionals, so care would continue to be delivered in the best way for people.

People and their relatives had developed good relationships with staff who were caring. People received care from staff who took time to get to know them. Staff supported people to maintain their dignity and privacy.

People's changing care needs were recognised by staff, who worked with other agencies to make sure people were getting the right care for them.

The registered manager and senior staff checked people were receiving the care they needed in the best

way for them. Staff knew what was expected of them, and implemented the implemented the values demonstrated by registered manager and senior staff. People were encouraged to give feedback on the quality of the service. We saw the registered manger also took action to develop the service when external agencies had suggested how the service could be further developed.

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.

People received care from staff who understood how to keep them safe and free from the risk of potential abuse and promote their physical health and well-being. People were supported by enough staff to meet people's care needs and manage risks.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff who understood their care needs and individual preferences. People were encouraged to make decisions about their care and support.

Staff knew about people's dietary needs and took these needs into account when caring for them. Staff worked with other professionals so people's health needs were met.

Is the service caring?

Good ●

The service was caring.

People received care which met their needs, reflected individual preferences and maintained their dignity. People and relatives were very positive about the caring relationships developed with staff and felt valued and respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were supported to be involved in planning and reviewing their care. Care plans were reviewed regularly, and reflected the care and support people needed. People who used the service had been encouraged to raise complaints and concerns.

Is the service well-led?

Good 

The service was well-led.

People and staff were complimentary about the way their care was managed. Staff members knew how senior staff expected them to care for people. The registered manager and senior staff checked the quality of care provided, so people benefited from receiving services from an organisation which was well led.

St David's House

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.'

This inspection took place on 16 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported housing service; we needed to be sure that someone would be in.

One inspector and an expert by experience, who specialises in dementia care carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority. They have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with 12 people who used the service and two relatives. We spoke with the registered manager, one senior care staff and three care staff.

We looked at three records about people's care and medicine records, staff training records, complaints and incident records, minutes of staff meetings and surveys completed by people who used the service. We observed how staff talked to people. We also looked at the service audits and checks the senior staff and registered manager had completed.

Is the service safe?

Our findings

All of the people we spoke with told us staff looked after them in ways which promoted their safety. One person we spoke with told us there were times when they were anxious about walking, but staff always took time to walk with them so they felt safe. People told us staff made sure they had the right equipment to keep them safe, for example, pendant alarms. Three people we spoke with told us how staff had checked they knew how to use the alarms, and told us this reassured them. One person told us, "Staff always make me feel safe", and went on to explain how important it was for them to feel their belongings were secure when they left their home. We talked with a relative about their family member's safety. The relative told us, "She's safe. They look out for her all the time, they always keep her in mind."

All of the staff we spoke with knew what to do if they had any concerns for people's safety. This included getting advice from the registered manager and working with external organisations so people's safety would be promoted. One member of staff told us daily checks were undertaken to make sure people were safe. Another member of staff said they had undertaken training which helped them to care for people in a safe way. The staff member said, "Manual handling training makes a difference especially in keeping people physically safe and comfortable as their needs change." Other staff we spoke with told us how important it was they used the right equipment, such as protective clothing, so people remained safe and well.

We spoke to people about how risks to their safety and well-being were managed. People told us staff knew about the risks to their well-being and safety. One person told us, "I talked with staff about risks after I had a fall", and went on to explain this gave them confidence in how their risks were being managed. Another person told us staff took into account the risks to their health as they had diabetes. One person we spoke with explained how staff encouraged them to mix with other people living at St David's House, so they did not feel isolated. We spoke to staff about how they worked with people to manage the risks to their safety. Staff told us they made sure they had read people's risk assessments and care plans, and talked to people and their relatives about their safety needs. Staff told us by doing this they could be sure they were delivering care in the right way for each person. One staff member told us about the extra support some people needed because they were at risk of choking, and described how they supported one person so they would remain well. We saw people's risks were regularly reviewed, so staff were aware of the way to deliver care for people in a way which promoted people's safety.

Every person we spoke with told us there were enough staff to provide the care they needed in a way which kept them safe. One person we spoke with told us, "My husband had a fall, I just pulled the buzzer and they arrived in minutes, we get all the support we need." We spoke to one relative about the staffing. The relative told us, "Staff continuity here is good. They are dedicated staff who work well as a team, and are of the same heart." The relative also told us, "Staff are always diligent and around." We spoke to the registered manager about staffing levels. The registered manager told us they occasionally used agency staff in the event of unexpected staff absence, but made sure the same agency and agency staff were used. In this way, the registered manager would be sure agency staff knew how to care for people so their safety was promoted. Staff we spoke with confirmed the time allocated to care for people meant they could care for people in a safe way and chat to them, so people's risk of isolation was reduced. We saw during our

inspection there were enough staff to care for people, and staff had time to chat to people to check how they were.

We spoke to a member of staff who had recently been employed. The staff member told us about the checks the registered manager made on the suitability of staff before they started their employment. The checks included obtaining two references and DBS, (Disclosure and Barring Service) disclosure, so the registered manager knew staff had had appropriate clearance to work with people. The registered manager told us they re-checked staff DBS clearance every three years, so they could be sure people's safety was continually promoted.

Some of the people we spoke with told us they managed their own medicines. One person told us how staff had recently helped them manage creams which were important to their health. All of the people we spoke with who had their medicines administered by staff confirmed they received them when they needed them, in the way they preferred. One person told us, "My medicines are stored in a cupboard and I don't need to know the combination." The person told us they felt secure in the knowledge staff would assist with medicines. This was important to this person as they would not be able to manage their medicines on their own. Staff told us they had to have training and be assessed as competent before they administered medicines. We saw there were regular checks on the medicines people received, so senior staff could satisfy themselves people were receiving the right medicines and prompts, and would remain well and safe. The registered manager explained how they worked with other health professionals, including GPs to make sure people received the right medicines as their needs changed.

Is the service effective?

Our findings

People told us they were cared for by staff who had the right skills and training. One person we spoke with told us, "(Staff are) marvellous, they really know how to look after me." One relative told us staff had worked with their family member's GP and followed their guidance so their family member's care needs were met. The relative told us, "Staff definitely have the right skills to support mum, she is in really good hands." The registered manager told us about training had been provided by other professionals to support individual people. For example, staff had worked with Occupational Health to make sure staff had the right skills to care for people. Staff told us they received the right training so they could care for people in the best way. Three staff told us training was relevant to the needs of the people at St David's. For example, staff had undertaken dementia, stroke and Parkinson's awareness training. All the staff we spoke with told us they were confident if they required further training in order to meet people's care needs this would be arranged. Three staff member told us training was discussed at staff meetings, and their individual training needs were also discussed as part of their one- to-one meetings with their line manager. We saw staff had access to a wide range of training so they would be able to support people effectively.

All of the staff we spoke with told us they felt they received the right support to help them care for people in an effective way. For example, through communication with other staff and senior staff about people's changing needs and during regular supervision. Staff told us they were able to gain support from senior staff immediately if they needed advice about the best way to care for a person. A new member of staff told us they felt they were getting enough training so they could care for people in the best way for them. The staff member told us this included getting to know about people's mobilising and communication needs, and how to keep people safe. This member of staff told us they were completing the Care Certificate, and they had the opportunity to shadow more experienced staff when they started working at St David's House.

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. Applications to deprive someone of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection. We saw staff understood the requirements of MCA, and were working with other organisations where people's capacity to consent to care and treatment was changing.

People told us they had been asked to consent to their care. Every person we spoke with told us staff always asked if they were happy for staff to provide care. One person told us, "(Staff) ask me what I want. It's up to

me what I have." Another person told us they "Can go out any time", and staff respected this. Staff understood they needed to obtain people's consent, and that people had the right to refuse care. We saw on one occasion a person had refused their medicines, and staff had respected this. Staff told us if a person's ability to make specific decisions changed they would seek advice from senior staff. The registered manager gave us examples of where this had happened and explained how they had involved one person's family and social workers so the person would receive the most appropriate care for them.

Staff knew about the type of support people needed so they had enough to eat and drink. One person told us they were diabetic and staff made sure they were offered food choices which would promote their health and allow them to be in control. Some people liked to eat all their meals in their own home. One person we spoke with told us staff helped them to prepare their breakfast in their home. We talked to staff about how they made sure people had access to the meals and drinks so they would remain well. One staff member let us know about the support they provided to one person, when they observed they did not have very much food in their home. Staff supported the person to shop so they had access to food they enjoyed and remained well.

Other people enjoyed the experience of eating with other people living at St David's House. People told us they were able to choose which meals they wanted in advance. Two people choosing to use this service told us it worked well for them and said staff would offer alternatives, if they changed their minds. We saw there were enough staff to support people to eat and drink and staff supported people so they had the correct aids so they could eat as independently as possible. We saw checks were made on people's nutrition and hydration and advice was sought from people's GPs if a person had experienced weight loss, so they would remain well

All the people we spoke with were confident staff would seek assistance for them if they were unwell. One person we spoke with told us, (Staff) make sure my GP comes out if I need to see them." Another person told us staff had promptly obtained help after they had a fall, so they would recover as quickly as possible. One person we spoke with told us they preferred to ring their GP themselves when they were unwell, but staff always offered to assist if they had difficulty making an appointment. One relative told us "(Staff) will always call in health or the paramedics if help is needed." Staff told us how they considered people's health needs. For example, people's GPs were contacted if staff observed changes in their well-being. We saw staff were reminded about the particular health monitoring required to keep people with diabetes healthy. We also saw staff shared information on people's physical health needs on a regular basis, so people would be cared for in the best way as their needs changed.

Is the service caring?

Our findings

All the people we spoke with told us they got on well with staff and staff were caring. One person told us, "(Staff) help you in any way." One person we spoke with told us staff were interested in their life, and knew and asked about the holiday they were going on. The person told us this made them feel staff cared about them. Another person told us, "Staff are kind." One person told us how well they got on with the night staff and this made them feel they could approach staff if they wanted anything. The person told us they felt cared for. Another person said, "Staff make sure everyone is happy." A relative we spoke to told us, "Staff are second to none. They go out of their way and treat [Person's name] as their own mum." The relative went on to tell us staff had built a good rapport with their family member. The relative said, "Mum laughs and is happy. Staff will joke along with her. They get mum talking more than I can."

Staff told us they got to know about people by chatting to them and their families and finding out about the things which mattered to them. People and relatives we spoke with confirmed this was the case. A newer staff member told us how they had initially started to care for people with the support of staff who knew people well, so they could chat to people and find out about their interests and things they enjoyed doing. Other staff told us they made sure they knew about people's preferences through discussions with other staff and by checking people's care plans. In this way, staff knew how to care for people in the best way for them. Staff referred to people by their preferred names and took time to chat with them about things which were important to them. We saw staff were caring in their approach to people throughout our inspection.

People we spoke with said staff encouraged them to be involved in making decisions about their care. For example, by asking them how they wanted their daily care delivered. One person told us they preferred to have their personal care given a specific way. The person told us staff supported them in the way they wanted. The person told us although it took staff more time to provide their care in this way staff supported them so it was done how they chose. People told us they felt staff listened to them, and staff acted upon their wishes. One person told us staff showed they cared by agreeing to change the time they received care if they were unwell. The person told us, "I like the independence of looking after myself, but if I feel a bit rough staff will come back later to help me when I am ready." Another person we spoke with said staff, "Take notice", when they talked with staff about the care they wanted. One person told us staff had asked if they had any preferences about the gender of the staff member who would provide personal care. The person told us they had said they only wanted a female carer for some of the care given. The person told us staff respected this decision. People told us they could ask and freely express their thoughts and preferences and make decisions which were important to them.

The three staff we spoke with told us how they made sure people were involved in decisions about their care on a daily basis. One staff member told us it was important to check people's preferences each time care was offered, as these could change over time. Another member of staff told us how important it was to know people's preferences for their daily routines when people were less able to communicate these directly to staff. This staff member told us how they involved people's families so they could find out about their preferences when people were not able to tell them directly. One of the relatives we spoke with told us staff always made sure their family member was given enough time by staff to think through any decisions

they needed to make. In this way, staff supported the person to make the best choice for them. Another staff member told us how they would find out about how people wanted their care delivered by watching their reactions when they offered to care for them.

People's dignity and privacy was considered by staff. People told us staff always made sure their personal care was delivered in way which promoted their dignity and privacy. One person told us, "(Staff) are always respectful and careful with me. They think about the people they care for." Another person we spoke with told us, "Staff make sure they knock before they come in and never answer my door when I am having personal care." One relative we spoke with also confirmed staff knocked before they entered their family member's home. The relative told us staff always made sure their family member had their jewellery on, as this was important to her sense of dignity and well-being. One person told us, "(Staff) always address me politely."

People we spoke with told us staff encouraged them to remain as independent as possible. People gave us examples of the way staff did this, such as by making sure they were given time to be involved in their personal care and by managing their own medicines where they had chosen to do this. Staff told us they were supported by the registered manager and external health professionals so they could make sure people had the right equipment to remain as independent as possible. We saw some of this equipment being used by staff so people's independence was promoted. Staff also let us know about the care they provided to one person after their mobility decreased. Staff told us they had worked with the person's family to increase the person's confidence in walking, so they would regain their independence. Over time, the person began to walk again. Staff also told us about the additional care they had provided to one person so they would re-acquire the ability to feed themselves independently. Staff described how they had worked at the pace appropriate to the person so they regained full independence in eating.

Is the service responsive?

Our findings

People told us staff encouraged them to say what type of care they wanted so their care would be delivered in the best way for them. One person told us they were comfortable to ask staff for additional help if they were unwell and said, "Staff will give me more visits if I am poorly." Another person told us, "I would be comfortable to ask if I needed extra help. Staff tell us it is what they are here for."

Every person we spoke with told us they were encouraged to be involved in making decisions about planning their care. One person told us how they had let staff know their medicines had changed. The person told us, "I let (staff) know and my keyworker updated my care plan." People and staff told us care plans were regularly reviewed. We saw people's care plans were regularly reviewed, and reflected people's current needs. People's care plans were kept in their homes so people had easy access to them. One person we spoke with told us they had not been recently involved in a care review, but told us they would not have any hesitation in asking staff to change their care plan if needed. Another person told us how staff talked to them about things which could affect their care. The person told us, "They are very efficient and explain everything to you." One relative we spoke with told us they had been involved in reviewing their family member's care plan. The relative told us they, "Felt listened to, which has made a difference, as (staff) know what mum likes." The relative went on to explain, "Staff also find out for themselves, and talk to mum about the time she was employed." All the people we spoke with told us staff came at the time agreed to provide care. One person we spoke with told us staff were happy to change the time of the call, if they requested this. Staff told us where people were not able to communicate directly with people they worked with them and their families together, so they would know people's preferences. One staff member told us this information was used to develop pen pictures and care plans which reflected people's histories and preferences. All the staff would then be able to use this knowledge. One staff member told us, "If you know their likes and dislikes it's better for them, as they will get the care in the way they want."

Staff told us they got to know about changes in people's risks by talking to people and their families and by noticing changes in the person's well-being. For example, staff had seen one person was no longer managing their medicines, and found it difficult to communicate with people. Staff told us they had worked with the person so their needs were assessed and the right care was put in place. This had led to improvements in the person's well-being and the person now enjoyed spending time with other people in the communal areas at St David's House.

Staff told us it was important to check people's risks as they changed, so they could be sure care plans reflected people's current needs. Staff explained how changes in people's care and support needs were shared with other staff, and how they let the registered manager know about any concerns they had for people's health and well-being. The registered manager gave us examples of where this had happened, and how they had contacted people's families, GPs and social workers in planning decisions, so people continued to receive the right care for them. We saw staff shared information about people's changing needs, so they had up to date information on the best way to care for each person at St David's House.

People told us they were encouraged to make decisions about how their homes were furnished, and one

person described how staff supported them to make sure their home environment was kept in the way they preferred. All the people we spoke with told us their relatives were encouraged to visit them at any time. One person we spoke with told us how staff had made sure they were able to keep in touch with their family members. The person told us how staff supported them when their grandchild came for an overnight visit. The person told us staff knew how important it was for them to be able to arrange this and staff had supported them to do this. People told us staff always made their relatives welcome and took time to chat to them. We saw this happen on the day of our inspection.

We talked with people about complaints. All of the people we spoke with told us they had not needed to make any complaints about the care they received. One person told us, "I wouldn't change anything." Another person told us, "I can't fault them." People told us they would be happy to talk to staff or the manager if they had any complaints. One person we spoke with told us they had not needed to make a complaint, but if they did they would let the registered manager know. This person told us they were confident the, "[Registered manager's name] would not let it roll on, they would sort out any problems." Another person we spoke with told us, "I would always call someone if was concerned, they will always get back to you." All the staff we spoke with knew how to support people to make a complaint, either with senior staff, the registered manager or the provider. We saw the registered manager had processes in place so if people made a complaint these would be investigated promptly and lessons would be learnt.

Is the service well-led?

Our findings

People told us communication between people, the staff, and the registered manager was good and care was well organised. People knew the registered manager by name and told us the registered manager chatted to them and their relatives to find out about how they were and what they thought about their care. We saw the registered manager and senior staff chatting to people and relatives throughout our inspection. One person we spoke with told us, "[Registered manager's name] is good, and so are the rest of the staff team." One relative we spoke to told us, "There is an excellence here. It's such a high standard, it's a good example of how places like this should be". The relative told us this was because the staff and registered manager were approachable and worked with families so people received the care they needed. The relative told us how the registered manager and staff had supported their family member so they were able to return to their home quickly after admission to hospital. The relative said, "I just want to commend [registered manager's name] and staff, and sing their praises, they are amazing". The relative told us the registered manager and staff, "Did over and above what was expected so mum was able to return home as soon as possible. This made all the difference to her."

Staff told us the senior staff and registered manager were approachable and they were comfortable seeking their advice, so people received care in the best way for them. Staff told us the registered manager and senior staff had developed effective working relationships with external agencies, such as health providers and social work professionals, so that people benefited from having care delivered by staff who had received guidance in the best way to care for people. One staff member we spoke with told us this had made a "Big difference" to one person, as staff were able to support the person with their mobility needs with confidence. The registered manager also told us they had processes in place for working with external agencies so people could have assessments from physiotherapists, GPs and occupational therapist if these were needed. The registered manager told us staff continued to support people until they regained their confidence and feel able to walk alone.

Staff told us the registered manager made sure they were open about things which may affect the care people received. Staff gave us examples of times when the service changed, and the registered manager had kept them up to date with developments. Staff told us they felt supported by the registered manager, who made sure they had access to the right advice, training and development so they could care for people in the way people wanted. The registered manager told us that in addition to the staff survey the provider used, they were developing a new staff survey which would check if staff had the right the type of support to give people the care they needed.

Staff also told us about the checks senior staff and the registered manager undertook to make sure care was being delivered in the right way for people. The checks including making sure staff were following individual people's risk assessments and that people's risk assessments and care plans were up to date, so people would receive the care they needed. Checks were also made on how staff administered medicines and to make sure staff used good practice guidance in respect of infection control. We saw the registered manager let staff know about their expectations in terms of professional boundaries, medication and health care needs as part of their staff meetings. Staff told us they also knew what was expected of them, as this was

discussed at one-to-one meetings.

We saw the registered manager checked people were happy with the care they received. For example, through tenants meetings. People told us they were happy to make suggestions about the care they received. Staff told us about some of the changes which had been introduced to the home. These included changes made as a result of comments made by people about the food prepared centrally. Some people had suggested they would like food off the menu which was prepared centrally delivered to their homes. Arrangements had been put in place so people could have this food delivered to them on a trial basis before they decided if they wanted to do this permanently. Staff told us this had proved popular with people and increased the choices they had.

We also saw where developments had been suggested by external organisations the registered manager was open to these. We saw suggestions made were acted upon. For example, the registered manager told us they were introducing changes to the timings of surveys people completed. The registered manager told us they were now going to introduce an additional survey which would be completed by people after they had lived at St David's House for six months. The registered manager said as part of this survey they would check to make sure people did not feel isolated. In addition, the general survey used with people had been updated. This was due to be sent out in Spring 2016. The registered manager explained they would encourage relatives to be involved in supporting people to complete the survey if they needed help, rather than staff. In this way, people benefited from receiving a service which developed over time and was well led.