

The ExtraCare Charitable Trust

Bournville Gardens Village

Inspection report

Bournville Gardens
49 Bristol Road South
Birmingham
West Midlands
B31 2FR

Date of inspection visit:
12 September 2016

Date of publication:
08 November 2016

Tel: 01212278019

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 12 September 2016 and was announced. This was the first time we inspected this service.

Bournville Gardens Village is part of a charity which provides personal care to people living in their own homes within the provider's housing scheme. The service tends to support older people, some of whom live with dementia. At the time of our inspection 38 people were using the service.

There was a registered manager in place who was away during 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

People who needed support with their medication were supported appropriately. Staff could access medication which was suitably stored and knew how to dispense it safely. There were regular checks to make sure this was done properly.

People were supported by staff who had the appropriate skills and knowledge they needed to meet their care needs. Staff had access to health professionals and regular training to maintain their knowledge of good practice and people's latest care needs.

When people needed support to receive suitable nutrition they were supported by staff who knew their preferences and promoted mealtimes as sociable experiences. Staff took an interest in ensuring people had access to food and drinks they liked.

People were supported to have their mental and physical healthcare needs met. The registered manager sought and took advice from relevant health professionals when needed.

People said staff were caring and had built up close relationships with the members of staff who supported them. People and, where appropriate, their relatives were consulted about their preferences and people were treated with dignity and respect.

The registered manager and care manager had fostered a culture which was responsive to people's needs and driven by delivering care in line with peoples' wishes. Staff took pride in their work and were determined to support people in a wide range of activities that improved their conditions and overall well-being.

People had access to a complaints system and the care manager responded appropriately to concerns. Where possible action had been taken to prevent similar issues from reoccurring.

There was effective leadership from the registered manager and care manager and senior members of staff to ensure that staff in all roles were well motivated and enthusiastic. The provider and care manager assessed and monitored the quality of care consistently through observation and regular audits of events and practice.

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 told us that they felt safe and they trusted the staff.

Staff demonstrated that they knew how to recognise signs of abuse and how to keep people safe.

There were enough staff to ensure people received their medication safely when they needed them.

Is the service effective?

Good ●

The service was effective.

The provider had taken action to ensure people were supported in line with the Mental Capacity Act 2005.

People received care from members of staff who were well trained in meeting the specific needs of the people who used the service.

People were supported to access other health and social care providers when necessary.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were kind.

Staff spoke affectionately about the people they supported and took pleasure in looking after them well.

People were actively encouraged to take part in planning how their care was to be provided.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded to people's individual

needs.

Staff knew people's preferences and strived to find innovative ways of meeting them.

The care manager responded appropriately when people raised concerns about the service. These were reviewed in order to prevent similar incidences from re occurring.

Is the service well-led?

The service was well-led.

People said the registered manager and care manager provided staff with appropriate leadership and support.

There were effective systems to monitor and improve the quality of the service people received.

Staff enjoyed working at the service and spoke about a good team spirit.

Good ●

Bournville Gardens Village

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.

We conducted a comprehensive announced inspection of this service on 12 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. 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 service.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. We also sent questionnaires in March 2016 to people who used the service and staff. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with five people who used the service. We also spoke with the care manager, two care supervisors, four personal support assistants (care assistants), a person employed to support people living with dementia and an activities coordinator. We also spoke with the Commissioning Manager, Commissioning and Healthy lifestyles Director and the service's Benefits Officer. We spoke with a health professional who was visiting a person who used the service and attended a daily handover meeting.

We sampled the records, including four people's care plans, two staffing records, complaints, medication and quality monitoring.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe using the service. A person who responded to our questionnaire told us, "I am entirely happy with my accommodation and the feeling of security." Comments from people we spoke with included, "I feel safe" and "You know that you are protected". All the people we spoke with expressed their confidence in the registered manager and staff's ability to keep people safe.

The care manager told us and staff confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. There was guidance and instructions in public areas of the housing scheme and in people's homes of actions staff and visitors could take if they felt anyone was at risk of or suffering from abuse.

People were encouraged to have as full a life as possible, whilst remaining safe. Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions and took prompt action when they thought a person was at risk of harm. Risks to people had been reviewed when people's conditions changed and updated guidance and instructions shared with the staff who supported them.

We saw that the care manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. Staff we spoke with gave several examples of how they supported people to remain safe and we saw this reflected the information in people's care record. We noted people's care plans had been updated when their conditions changed which ensured staff would be able to access the latest advice and guidance on keeping people safe.

Staff told us and the care manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. The care manager was supported by the provider's Human Resources Department to monitor that appropriate checks had been completed. A review of two staff recruitment records confirmed this. These checks had ensured people were supported by staff who were suitable.

Prior to our inspection we received information that there had not always been enough staff available to meet people's care needs which had resulted in people experiencing late calls and at least one person not receiving their medication as required. Responses to the questionnaire we sent prior to our inspection had also suggested there were not enough staff. During our visit we saw this had improved. Calls were generally on time and people were supported by consistent staff.

People who used the service told us that there were enough staff to meet their needs. Several people told us

that staff were sometimes late by a few minutes but this did not cause any inconvenience. People said staff would usually notify them if they were running late. One person said, "If they are running late they do let me know. If they're very busy they might go early but I don't mind." Most people said that they stay as long as they should and they didn't, "Rush their jobs". One person told us that when they raised concerns about their call times, these were promptly addressed by the care manager and they had not experienced further incidents of calls being late.

All the staff we spoke with said that staffing levels had improved and they felt confident they had enough time to attend calls on time and stay their allotted time. Several members of staff said they often had time to stay longer at a call. A member of staff said, "The problems are all behind us now. We have enough time." Another member of staff told us said, "I will go back and spend time with the person. Sometimes we have lunch together."

We saw that the care manager had arranged for agency staff when necessary to ensure calls were covered as planned. Everyone told us that the same agency staff members would be used and knew people's care needs. A member of staff told us, "We never get a stranger [Agency staff member] joining us." During our visit we observed the Commissioning and Healthy Lifestyles Director reviewing people's call records to check there had been enough staff available to support people as planned. The care manager told us of the actions they had taken and systems put in place to ensure appropriate staffing levels would be maintained as people's conditions changed or when more people used the service. There were enough staff suitably deployed to meet people's care needs.

Not all the people who used the service required support with their medication. Those who did so said they were happy with how they were supported. One person told us, "I have no problems with the repeat prescriptions," and another person said, "It is always on time – I haven't missed any." A person told us that a member of the care team was supporting a person to seek further advice after they had requested guidance on how to administer their own medication.

Staff had access to suitable safe locations in people's homes in which to store medicines. The medicines were administered and prompted by staff who were trained to do so and had undertaken competency checks. Where medicines were prescribed 'as required', there were instructions and information for staff about the person's symptoms and conditions to identify when they should be administered. We sampled the Medication Administration Records (MARs) and found that they had been completed correctly. The care manager completed regular medication audits to ensure people had received their medication as prescribed. They had taken effective action when necessary to correct any errors and prevent them from happening again. This included staff undergoing additional medication training and competency assessments. People received their medicines safely and when they needed them.

Is the service effective?

Our findings

All the people we spoke with said the service and staff were good at meeting their needs. In response to our questionnaire, one person told us, "I am happy with the care I receive from this agency," and a person's relative replied, "Since he moved in all the family have remarked on how much better his mobility is." One person we spoke with said, "Staff are very good."

A member of staff told us, "I would be happy to be looked after here myself with my co-workers." Another member of staff said, "I would recommend the service to my family and friends."

Staff told us, and the records confirmed that all staff had received induction training when they first started to work at the service. This covered the necessary areas of basic skills. Staff then received annual updates in relation to basic areas such as safeguarding, medication, health and safety and first aid.

Staff told us they received regular training. One member of staff said, "I have been encouraged to undertake offers of training." Another member of staff said, "I get lots of training." We spoke with a health professional who was visiting a person to reassess their mobility needs. They told us that staff were knowledgeable and effective at mobilising the person in line with their care plan. Staff received further support from other experts employed by the service on how to support people who lived with dementia and promote independent living. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. People told us and a review of observational audits showed that staff knew how to support people in line with these plans.

Staff confirmed that they received informal and formal supervision from the care manager on a regular basis. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities. People were supported by staff who had the skills and knowledge to meet their individual care needs.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found people were not restricted of their liberties and the care manager was proactive in identifying ways in which people's independence and choices could be enhanced. The care manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS).

People told us that staff would seek their permission before supporting them with personal care and would

always comply with their wishes. When a person was thought to lack mental capacity suitably trained staff had conducted assessments to identify if there were any aspects of their care they would need support to make decisions about. When necessary the provider had involved family members and other health professionals to make decisions in people's best interests. People who used the service or their representatives regularly reviewed their care plans in order to identify people's care needs and preferences. When possible people had signed their care plans to indicate their consent to being supported in the proposed plan. People's right to receive care in line with their expressed wishes and preferences was respected.

Not all the people who used the service required support with their meals and drinks. Those who did so said they were happy with how they were supported. Staff we spoke with demonstrated they knew what people liked to eat. One member of staff told us, "They like a bacon sandwich now and again so I always ask if they would like one." One member of staff told us how they tried to make each meal time a social occasion and would sometimes stop and eat with the person if invited.

We saw that staff had carried out nutritional assessments and monitored people's food and drink intake when they were thought to be at risk of malnutrition or weight gain. Staff were aware of people's specific conditions and how they could be affected by people's diets. Staff had sought and taken the advice of relevant health professionals, including speech and language practitioners in relation to people's diets.

People were supported to make use of the services of a variety of mental and physical health professionals including podiatrists who visited the housing scheme. Records showed that people received regular visits from health professionals and staff acted promptly to involve them when people's conditions changed.

Is the service caring?

Our findings

People who used the service told us that the registered manager, care manager and staff were caring. People said that staff were approachable and they were constantly asked if they were satisfied with how they were supported. One person told us, "They are very good." Responses to our questionnaire were also positive including, "Most of my carers are kind and very good, some are wonderful."

People were generally supported by the same staff which had enabled them to build up close relationships. Staff spoke positively about the people they supported and gave several examples of how they enjoyed making the people they supported happy. These included helping people to enjoy their favourite meals or providing company. We observed staff interact positively with people who used the service when they met them in the housing schemes public areas. On one occasion we saw the care manager promptly offer reassurance to a person who had become anxious.

People told us that the care manager and staff asked them about how they wanted to be cared for and supported when they first started to use the service. They said that staff checked with them before providing physical care and respected their choices. When necessary people were supported by specially trained staff to help them understand and express how they wanted their care to be delivered. People were involved and had control over how their care was provided.

We saw that there were clear records for staff about how people wanted to be supported. Staff demonstrated they knew people's personal history and their individual preferences. There were regular meetings which people and their relatives could express their views about the service and comment boxes about the housing scheme. We saw the Commissioning and Healthy Lifestyles Director take prompt action to investigate and respond when someone raised concerns about their care. People's views were listened to and acted upon.

Care staff supported people to engage in social activities in the housing scheme and wider community. A member of staff had arranged for a person to visit a particular local area when they had expressed an interest. This prevented people becoming socially isolated.

People told us that the members of staff respected their privacy and took care to knock and ask permission before entering their homes. Staff we spoke with were aware of and explained how they maintained people's dignity in line with the provider's policy. A dedicated member of staff worked with people in their own homes to help promote people's independence. They worked with care staff to support people to live as independent and full life as possible while achieving their goals and wishes. This helped promote people's self-esteem and to pursue things they enjoyed.

Is the service responsive?

Our findings

People who used the service said they felt listened to and involved in the service. They felt staff knew their preferences and provided support in line with their wishes. The care manager recalled that when they initially asked a person, "How can I help you?" the person had replied, "You already are, you're listening to me." One person told us, "There is always plenty to do." Another person told us that staff had encouraged them to take part in activities in the housing scheme including going to the gym in order to improve their wellbeing.

The registered manager and care manager had promoted a service which anticipated people's needs and would respond promptly when people's needs changed. They told us, "The service has flexibility to change people's support plans. What works today might not work tomorrow. People are encouraged to live their lives as they choose." All the staff we spoke with reflected this vision and regarded it as an important part of their role to continually improve people's lives. A visiting health professional we spoke with said staff were dedicated and knowledgeable about the people they supported. They told us staff took an active role in applying any guidance and advice given.

People's care and support was planned proactively and in partnership with them. The care manager told us how they had worked with a person who had suffered a stroke to regain their independence and ownership over their care provision. They told us, "The effort is partly [name] and partly the care team. It's a team effort." The person had been able to increase their mobility and had become less reliant on care staff to meet their needs. The service had also supported a person who was concerned about expressing their specific individuality. We saw the care manager had liaised with the person to agree an enablement programme which would support their transition and acceptance into the local and wider community. This promoted the person's wellbeing and enhanced their quality of their life.

People who used the service and their relatives told us how their conditions and abilities had improved since using the service. This had included people who had previously remained in bed being able to sit out in chairs and people relearning the skills they needed to manage their own medication. Some people who were scared of leaving their homes in case they fell had gained the confidence to visit the housing schemes public areas. The provider had worked with a local university to create a system which assessed peoples' care needs when they joined the service. They mapped peoples' current abilities against what they wanted to achieve and worked with people to identify and attain regular goals and targets to improve their independence and wellbeing. Care plans reflected people's progress and the actions staff need to take in order to achieve their next goal. Care staff had access to expert advice and support on how to promote people's rehabilitation. This gave people the opportunity to take back control of their lives and manage their own conditions.

Staff were passionate about supporting people in line with their care needs and wishes. Staff spoke proudly of supporting people to pursue the things they liked to do and how they applied this knowledge to improve people's lives. One member of staff told us, "One person likes fish and chips so I go to the local chip shop and buy two portions. We eat them together." Another member of staff told us how they had supported a

person to meet with their own friends who shared a similar interest. We saw that staff had written a personal 'profile' of people they supported. These demonstrated that people were supported by staff who knew and respected their preferences and could empathise with what was important to people. Comments from these profiles included; 'Over the weeks we managed to find out [name] didn't like showers and was refusing to bathe because they didn't like the loss of dignity. We managed to persuade them to try bathing every two weeks and the carers made sure that the room was hot and they preserved their dignity;' '[Name] has been introduced to the gym. This is to help with their mobility and helps them to walk and stand better. Their partner also feels as though they aren't under as much stress and can relax more'; and '[Name] slowly started to go out of their apartment daily, just to the end of the corridor and back three to four times a day. They now go down to the shops when they need something. I am going to encourage them to go to play short mat bowls.' Staff knew how to meet people's care needs and were proactive in suggesting additional ideas and supporting people to safely engage in sometimes challenging activities which enhanced people's wellbeing and quality of life.

The provider had responded as people's conditions changed and staff knew how to support people in line with their current needs. One member of staff told us, "We have to read the care plan every time we visit." An entry by care staff in one person's daily notes made during our visit stated, 'Have spoken to supervisor concerning small sore on [name] bottom, district nurse will be informed'. We saw people's medication had been regularly reviewed when necessary and during our visit a person was assessed to ensure they had the most appropriate equipment for their needs. People were supported by the provider's benefits officer to approach the local authority for additional funding when their conditions changed. This supported people to seek additional funding and equipment to enhance their lives. This meant that people would continue to receive care and resources which met their most current needs.

A variety of systems were in place that ensured people felt consulted, empowered and listened to. All of the people we spoke with said that they were regularly approached for their views of the service and staff were prompt to respond. Staff responded promptly to involving other people in reviewing care plans when requested. One person told us, "If anything is wrong, my family is the first to know." They were reassured by this arrangement. There were several different ways people could express their views on the service and staff supported people to access the most appropriate for their specific needs.

People were actively encouraged to take part in the wider community. We saw that relatives were always made welcome when they visited the housing scheme and were encouraged to participate in the lives of the people who used the service. People's care plans identified ways of supporting people to maintain these relationships how they could take part in the various activities both inside and outside the housing scheme. These plans were structured so they helped to improve people's conditions as well as promote their social life and self-esteem. One example of this was a person who had been supported to develop links with a local group who shared the same interests.

People told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. The provider had clear policies and procedures for dealing with complaints. There were processes in place to support people to express their views about the service which meet their specific requirements. We saw the records of one complaint and saw that there was a clear record of the action which had been taken. There was evidence that the registered manager had communicated with the person making the complaint and responded to additional concerns and queries. The registered manager kept a log of complaints to analyse for trends and themes. This helped them to take action to prevent similar complaints from reoccurring.

Is the service well-led?

Our findings

People who used the service told us they felt it was well run and no one felt it required to improve.

Staff told us that the registered manager was supportive and led the staff team well. One member of staff told us, "We all work as a team." Staff confirmed the care manager and senior team had taken effective action to address staffing issues earlier in the year and this had resulted in the existing staff team feeling valued and listened to.

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues. A member of staff confirmed, "I can just ask anyone [for support]." We observed a daily handover meeting with senior managers and saw that a range of staff were involved. They were encouraged and confident to speak openly in front of more senior colleagues and were thanked for expressing their views. Staff views were used to improve the quality of the service.

People were involved in developing the service. People who use the service and their relatives were regularly approached to express their views of the service. Records were reviewed to ensure they reflected people's current care needs and where possible people who used the service were involved so they could comment on the quality of the care they received. This helped the care manager to monitor the quality of the care people received and identify areas for improvement.

The care manager promoted a clear vision of the service which staff understood. Staff told us how they had worked with senior colleagues to prepare for our inspection and, "Show off" what the service did well. Staff proudly spoke about the service and clearly believed in the value of their contribution to improving the lives of the people who used the service. A member of staff told us, "This is the best place ever," and another said, "This is the best job in the world."

The care manager and all staff we spoke to demonstrated they were reflective of their practices in order to improve the quality of people's care. One member of staff told us that, "The care manager has always been more of a coach." Staff told us how they would review their practices at supervisions and team meetings in order to identify how the service can be improved. Records showed that the care manager had used these meetings to inform staff of new practices and implement actions in order to improve the quality of care people received. The provider had fostered a culture which promoted continual improvement.

The care manager had systems for monitoring the daily quality of the service and that the standard of care was maintained and improved on where possible. They monitored incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes to minimise the chance of the incident happening again. The provider conducted their own reviews of the service to ensure it continued to meet the values and beliefs of the charity.

There was a continuity of leadership and responsibility. The care manager demonstrated in the absence of the registered manager that they were aware of the requirements of their legal responsibilities and duty of

candour in relation to the running of the service. A review of records showed they had notified the commission of events they were required to do so by law.